

Complete Drug List (Formulary) 2027

UnitedHealthcare® Group Medicare Advantage



Important notes: This document has information about the drugs covered by this plan. For more up-to-date information or if you have any questions, contact Customer Service:



Visit **retiree.uhc.com**



Call **number on back of member ID card**

8 a.m.-8 p.m. local time, Monday-Friday

**United
Healthcare®**

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Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?	4
What are generic drugs?.....	4
What are original biological products and how are they related to biosimilars?	4
What is a compounded drug?	4
Drug payment stage and drug tiers	5
Getting Extra Help	5
Are there any rules or limits on my drug coverage?	6
What if my drug is not on this list?	8
How can I get an exception?	8
Can I get my drug while I wait for an exception?	9
Can the Drug List change?	10
Drugs with dosages other than a 1-month supply	11
Covered drugs by name (Drug index).....	12
Covered drugs by category	45
Covered drugs with a quantity limit (QL)	157

What is a Drug List?

A Drug List, or Formulary, is a list of prescription drugs covered by your plan. Your plan and a team of health care providers work together in selecting drugs that are needed for well-rounded care and treatment.

Your plan will generally cover the drugs listed in our Drug List as long as:

- The drug is used for a medically accepted indication
- The prescription is filled at a network pharmacy, and
- Other plan rules are followed

For more information about your drug coverage, please review your Evidence of Coverage.

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 15, 2026.

To get updated information about the covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

This Drug List has changed since last year. Please review this document to make sure your prescription drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Group Medicare Advantage.

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you, even if you haven’t paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage or call Customer Service for more information.

Important message about what you pay for insulin - You won’t pay more than \$35 for a 1-month supply of each Part D insulin product covered by our plan, even if you haven’t paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage for more information.

How can I find a drug on the Drug List?

There are 2 ways to find your prescription drugs in this Drug List:

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-44 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 45-156. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

Generic drugs have the same active ingredients as brand name drugs. They usually cost less than brand name drugs and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Depending on state laws, generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription. Our plan covers both brand name and generic drugs.

Talk with your doctor or prescriber to see if any of the brand name drugs you take have generic versions.

The Drug List shows **brand name (B)** drugs in **bold** type (for example, **Humalog**) and generic (G) drugs in plain type (for example, Simvastatin).

What are original biological products and how are they related to biosimilars?

On the Drug List, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information about drug types, please review your Evidence of Coverage. The Drug List tells which Part D drugs are covered.

What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Compounded drugs may be Part D eligible. For more information about compounded drugs, please review your Evidence of Coverage.

Drug payment stage and drug tiers

The amount you pay for a covered prescription drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

If you need help or have any questions about your drug costs, please review your Evidence of Coverage or call Customer Service. Our contact information is on the cover.

Drug tier	Includes
Tier 1: Preferred Generic	All covered generic drugs.
Tier 2: Preferred Brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred Drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty Tier	Unique and/or very high-cost brand drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs. Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 45. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service. Our contact information is on the cover.

Coverage rules and limits

PA - Prior authorization

The plan requires you or your doctor or prescriber to get prior approval for certain drugs. This means the plan needs more information from your doctor or prescriber to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.

QL - Quantity limits

The plan will only cover a certain amount of this drug for 1 copay/coinsurance or over a certain number of days. These limits can help ensure safe and effective use of the drug. If you are prescribed more than this amount or your doctor or prescriber thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

ST - Step therapy

There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor or prescriber thinks they are not right for you, you or your doctor or prescriber can ask the plan to cover this drug.

You and your doctor or prescriber may ask the plan for an exception to the coverage rules and/or limits for your drug. See the section “How can I get an exception?” on page 8 or see your Evidence of Coverage to learn more.

If you don't get approval from the plan before you fill a prescription for a drug with coverage rules or limits, you may have to pay the full cost of the drug.

Other special coverage rules

B/D - Medicare Part B or Part D

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor or prescriber may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

HRM - High-risk medication

This drug is a high-risk medication (HRM) for people 65 years and older. It may cause side effects if taken on a regular basis. We suggest you talk with your doctor or prescriber to see if an alternative drug is available to treat your condition.

LA - Limited access

Drugs are considered "limited access" if the FDA says the drug can only be given out by certain facilities, doctors or prescribers. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit when appropriate.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

What if my drug is not on this list?

If your drug is not included in this Drug List, we may still cover it. Call Customer Service to ask if it's covered. Our contact information, along with the date we last updated the Drug List, is on the cover.

If you find out that your drug is not covered, you can do either of the following options:

1. **Ask Customer Service for a list** of similar drugs that are covered by the plan. When you get the list, show it to your doctor or prescriber and ask them to prescribe a covered drug.
2. **Ask the plan to make an exception** and cover your drug. Review the next section for more exception information.

How can I get an exception?

Sometimes you may need to ask for drug coverage that's not normally provided by your plan. This is called asking for an exception. When you do, the plan will review your request and give you a coverage decision known as a coverage determination.

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your drug even if it's not on the Drug List. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the Specialty Tier.

The plan may approve your request for an exception if the covered alternative drugs wouldn't be as effective in treating your condition or would cause adverse medical effects.

Who can ask for an exception?

You or your authorized representative, doctor or prescriber can ask for an exception by calling Customer Service. Your doctor or prescriber must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

After we get the statement from your doctor or prescriber supporting your request for an exception, we'll give you a decision within 72 hours. You can ask for an expedited (fast) decision if you or your doctor or prescriber believes that your health could be seriously harmed by waiting 72 hours. If your request for an expedited review is approved, we'll give you a decision within 24 hours after we get your doctor's or prescriber's supporting statement.

Can I get my drug while I wait for an exception?

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our Drug List or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor or prescriber to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor or prescriber decide this is the only drug that will work for you, you will need to ask for an exception. For more information about exceptions, please review your Evidence of Coverage.

We may cover your drug in certain cases during the first 90 days of your membership. The following chart shows how much of your drug we may cover while you ask for an exception.

If you...	And you are...	We may cover...
are a new member in the first 90 days of your membership	not in a nursing home or long-term care facility	at least a 30-day temporary supply
OR were a member last year and it's the first 90 days of your plan year	in a nursing home or long-term care facility	at least a 31-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. If your prescription is written for fewer days, we'll allow refills to provide at least the days supply listed in the chart above. Note: The long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

We will not pay for more of your drug after you get this temporary or emergency supply unless you receive authorization from the plan.

Can the Drug List change?

Most changes in drug coverage happen on January 1. We may need to make changes during the plan year for safety or other reasons that can affect you. We must follow the Medicare rules in making these changes.

Changes that can affect you this year

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our Drug List if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our Drug List, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your doctor or prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section “How can I get an exception?” on page 8.

Some of these drug types may be new to you. For more information, see the section titled “What are original biological products and how are they related to biosimilars?”.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Or, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see the section “How can I get an exception?” on page 8.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

Changes that will not affect you if you are currently taking the drug

Usually, if you're taking a drug on this Drug List that was covered at the beginning of the year, we will not remove or reduce coverage during the year except as described above. You will not get a notice this year about changes that do not affect you. However, on January 1 of the next year these changes will affect you, therefore it is important to check the Drug List for any changes to drugs for the new plan year.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a 1-month supply. When you fill these drugs, you may have to pay more than 1 copay/coinsurance for a single prescription. For more information, please call Customer Service. Our contact information is on the cover.

Daily cost-sharing for oral medications filled for less than a 1-month supply

A daily cost-sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a copay. A daily cost-sharing rate is the copay divided by the number of days in a month's supply.

Daily cost-sharing applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than 1-month under applicable law. The daily cost-sharing requirements do not apply to either of the following:

1. Solid oral doses of antibiotics
2. Solid oral doses that are dispensed in their original container or are usually dispensed in their original packaging to help patients comply with usage and dosage directions

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about your plan's prescription drug coverage, please call Customer Service. Our contact information, along with the date we last updated the Drug List, is on the cover.

If you have general questions about Medicare prescription drug coverage, visit www.medicare.gov or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Covered drugs by name (Drug index)

A					
Abacavir Sulfate	82	Activella	128	Agamree	125
Abacavir Sulfate -Lamivudine	82	Actonel	143	Agrylin	92
Abigale	128	Actoplus Met	87	Aimovig	68
Abigale Lo	128	Actos	87	Airsupra	153
Abilify	85	Acular	146	Ajovy	68
Abilify Asimtufii	85	Acular LS	146	Akeega	71
Abilify Maintena	85	Acuvail	146	Aklief	108
Abiraterone Acetate	70	Acyclovir	81	Ala Scalp	110
Abirtega	70	Acyclovir Sodium	81	Ala -Cort	110
Abrysvo	141	Aczone	114	Albendazole	76
Absorica	108	Adacel	141	Albuterol Sulfate	151
Absorica LD	108	Adalimumab -aaty	139	Albuterol Sulfate HFA	151
Acamprosate Calcium	50	Adalimumab -adbm	139	Alclometasone Dipropionate	110
Acanya	108	Adapalene	108	Alcohol Prep Pads.....	144
Acarbose	87	Adapalene -Benzoyl Peroxide	108	Aldactone	102
Accutane	108	Adbry	136	Alecensa	72
Acebutolol HCl	96	Adcirca	152	Alendronate Sodium	143
Acetaminophen -Codeine	48	Adderall	103	Alfuzosin HCl ER	124
Acetazolamide	98	Adderall XR	103	Aliskiren Fumarate	98
Acetazolamide ER	98	Adefovir Dipivoxil	80	Alkindi Sprinkle	125
Acetic Acid	148	Adempas	152	Allopurinol	67
Acetylcysteine	153	Admelog	89	Allzital	48
Aciphex	121	Admelog SoloStar	89	Almotriptan Malate	68
Acitretin	108	Advair Diskus	153	Alogliptin Benzoate	87
ActHIB	141	Advair HFA	153	Alogliptin -Metformin HCl	87
Acthar	125	Adzenys XR -ODT	103	Alogliptin -Pioglitazone	87
Acthar Gel	125	Afinitor	71	Alosetron HCl	119
Actimmune	139	Afinitor Disperz	71	Alphagan P	148
		Afrezza	89	Alprazolam	84

Alprazolam ER	84	Amlodipine -Valsartan -HCTZ	98	Angeliq	128
Alprazolam Intensol	84	Ammonium Lactate	110	Annovera	128
Alprazolam ODT	84	Amnesteem	108	Anoro Ellipta	153
Alrex	146	Amoxapine	65	Anusol -HC	143
Altavera	128	Amoxicillin	54	Anzupgo	110
Altreno	108	Amoxicillin -Clarithromycin -Lansoprazole	119	Apidra	89
Alunbrig	72	Amoxicillin -Potassium Clavulanate	54	Apidra SoloStar	90
Alvaiz	92	Amoxicillin -Potassium Clavulanate ER	54	Aplenzin	63
Alvesco	149	Amphetamine ER ODT	103	Apokyn	77
Alyacen 1/35	128	Amphetamine Sulfate	103	Apomorphine HCl	77
Alyftrek	151	Amphetamine -Dextroamphetamine	103	Apraclonidine HCl	148
Alyq	152	Amphetamine -Dextroamphetamine 3 -Bead ER	103	Aprepitant	66
AmBisome	66	Amphetamine -Dextroamphetamine ER . . .	103	Apri	128
Amantadine HCl	77	Amphotericin B	66	Apriso	142
Ambien	155	Amphotericin B Liposome . . .	66	Aptiom	60
Ambien CR	155	Ampicillin	54	Aptivus	83
Ambrisentan	152	Ampicillin Sodium	54	Aqneursa	105
Amcinonide	110	Ampicillin -Sulbactam Sodium	55	Aqvesme	121
Amikacin Sulfate	51	Ampyra	106	Aralast NP	122
Amiloride HCl	100	Amrix	154	Aranelle	128
Amiloride -Hydrochlorothiazide	98	Amzeeq	114	Aranesp	93
Amiodarone HCl	95	Anafranil	65	Arazlo	108
Amitiza	118	Anagrelide HCl	92	Arbli	95
Amitriptyline HCl	65	Analpram HC	112	Arcalyst	136
Amlodipine Besylate	97	Anastrozole	71	Arexvy	141
Amlodipine -Atorvastatin	98	Ancobon	66	Arformoterol Tartrate	151
Amlodipine -Benazepril	98	Andembry	135	Aricept	62
Amlodipine -Olmesartan	98			Arikayce	51
Amlodipine -Valsartan	98			Arimidex	71

Aripiprazole	85	Atovaquone	76	Azasite	146
Aripiprazole ODT	85	Atovaquone -Proguanil HCl .	76	Azathioprine	139
Aristada	85	Atralin	108	Azelaic Acid	108
Aristada Initio	85	Atropine Sulfate .	145	Azelastine HCl	149
Arixtra	91	Atrovent HFA	150	Azelastine -Fluticasone	149
Armlupeg	93	Attruby	99	Azelex	108
Armodafinil	155	Aubagio .	106	Azilect	78
Arnuity Ellipta	149	Aubra EQ	128	Azilsartan Medoxomil .	95
Aromasin .	71	Augmentin	55	Azithromycin	55
Arthrotec	45	Augmentin ES -600	55	Azopt .	148
Arynta	104	Augtyro	72	Azor	99
Ascomp -Codeine	48	Auranofin	136	Azstarys	104
Asenapine Maleate .	85	Austedo	105	Aztreonam	51
Ashlyna .	128	Austedo XR	105	Azulfidine	142
Asmanex	150	Austedo XR Patient Titration .	105	Azulfidine EN -tabs	142
Asmanex HFA .	150	Auvelity	63	Azurette	128
Aspirin -Dipyridamole ER	94	Avalide .	99		
Astagraf XL	139	Avapro	95	B	
Atacand	95	Aveed .	127	BCG Vaccine	141
Atacand HCT	99	Aviane	128	BIVIGAM	136
Atazanavir Sulfate	83	Avmapi Fakzynja Co -Pack .	71	BRIVIACT	57
Atelvia	143	Avodart	124	Bacitracin -Polymyxin B .	146
Atenolol	96	Avonex Pen	106	Baclofen	80
Atenolol -Chlorthalidone	99	Avonex Prefilled	106	Bactrim	56
Ativan	84	Avtozma	136	Bactrim DS	56
Atomoxetine HCl .	104	Avycas	53	Bafiertam	106
Atoncy	104	Ayvakit	72	Balcoltra	128
Atorvaliq	101	Azactam	51	Balsalazide Disodium	142
Atorvastatin Calcium	101	Azasan .	139	Balversa	72
				Balziva	128

Banzel	60	Betapace AF	96	Boostrix	141
Baqsimi One Pack	89	Betaseron	106	Bosentan	152
Baraclude	80	Betaxolol HCl	147	Bosulif	72
Basaglar KwikPen	90	Bethanechol Chloride	125	Bosutinib	72
Baxdela	56	Bethkis	151	Braftovi	72
Beclomethasone Diprop HFA	150	Betimol	147	Brekiya	68
Belbuca	47	Bevespi Aerosphere	153	Breo Ellipta	153
Belsomra	155	Bexarotene	76	Breztri Aerosphere	153
Benazepril HCl	95	Bexsero	141	Briellyn	128
Benazepril -Hydrochlorothiazide	99	Beyaz	128	Brilinta	94
Benicar	95	BiDil	99	Brimonidine Tartrate	148
Benicar HCT	99	Bicalutamide	70	Brimonidine Tartrate -Timolol	145
Benlysta	136	Bicillin C -R	55	Brinsupri	153
Benzamycin	108	Bicillin C -R 900/300	55	Brinzolamide	148
Benznidazole	76	Bicillin L -A	55	Brivaracetam	57
Benzoyl Peroxide -Erythromycin	108	Bijuva	128	BromSite	147
Benztropine Mesylate	77	Biktarvy	81	Bromfenac Sodium	147
Bepotastine Besilate	146	Bimatoprost	148	Bromocriptine Mesylate	134
Bepreve	146	Bimzelx	109	Brukinsa	72
Berinert	135	Bismuth Subcitrate/Metronidazole/Tetracycline	119	Bryhali	110
Besivance	146	Bisoprolol Fumarate	96	Brynovin	87
Besremi	139	Bisoprolol -Hydrochlorothiazide	99	Budesonide	150
Besremi Pen	139	Blisovi 24 Fe	128	Budesonide ER	143
Betaine	122	Blisovi Fe 1.5/30	128	Bumetanide	100
Betamethasone Dipropionate	110	Blujepa	51	Buprenorphine	47
Betamethasone Dipropionate Aug	110	Bomyntra	143	Buprenorphine HCl	50
Betamethasone Valerate	110	Bonjesta	65	Buprenorphine HCl -Naloxone HCl	50
Betapace	96	Bonsity	143	Bupropion HCl	63
				Bupropion HCl ER	63

Bupropion HCl SR	63	Canasa	142	Carteolol HCl	147
Bupropion HCl XL	63	Candesartan Cilexetil	95	Cartia XT	98
Buspirone HCl	84	Candesartan Cilexetil -HCTZ	99	Carvedilol	96
Butalbital -Acetaminophen	48	Caplyta	79	Carvedilol Phosphate ER	96
Butalbital -Acetaminophen -Caffeine	48	Caprelsa	72	Casodex	70
Butalbital -Acetaminophen -Caffeine -Codeine	48	Captopril	95	Caspofungin Acetate	66
Butalbital -Aspirin -Caffeine	48	Carafate	121	Cayston	151
Butalbital -Aspirin -Caffeine -Codeine	49	Carbaglu	115	Cefaclor	53
Butorphanol Tartrate	49	Carbamazepine	61	Cefaclor ER	53
Butrans	47	Carbamazepine ER	61	Cefadroxil	53
Bylvy	119	Carbatrol	61	Cefazolin Sodium	53
Bystolic	96	Carbidopa	77	Cefdinir	53
C					
Cabergoline	134	Carbidopa -Levodopa	78	Cefepime HCl	53
Cablivi	94	Carbidopa -Levodopa ER	78	Cefixime	53
Cabometyx	72	Carbidopa -Levodopa ODT	78	Cefotetan Disodium	53
Cabtreo	109	Carbidopa -Levodopa -Entacapone	77	Cefoxitin Sodium	53
Caduet	99	Carbinoxamine Maleate	149	Cefpodoxime Proxetil	53
Cafergot	68	Carbinoxamine Maleate ER	149	Cefprozil	54
Calcipotriene	112	Carbzah	149	Ceftaroline Fosamil	54
Calcipotriene -Betamethasone	112	Cardamyst	97	Ceftazidime	54
Calcitonin Salmon	144	Cardizem	98	Ceftriaxone Sodium	54
Calcitriol	144	Cardizem CD	98	Cefuroxime Axetil	54
Calcium Acetate	118	Cardizem LA	98	Cefuroxime Sodium	54
Calquence	72	Cardura	95	Celebrex	45
Cambia	45	Cardura XL	124	Celecoxib	45
Camila	133	Carglumic Acid	115	Celexa	63
Camrese Lo	128	Carisoprodol	154	Cellcept	139
Camzyos	99	Carnitor	122	Celontin	59
		CaroSpir	102	Cephalexin	54

Cequa	145	Cimzia -Starter	139	Clindamycin Phosphate in D5W	52
Cerdelga	122	Cinacalcet HCl	144	Clindamycin Phosphate -Benzoyl Peroxide	109
Cetirizine HCl	149	Cinryze	135	Clindamycin -Tretinoin	109
Cevimeline HCl	108	Cipro	56	Clindesse	52
Chantix	51	Cipro HC	148	Clinimix E/Dextrose	115
Chantix Continuing Month Pak	51	Ciprofloxacin HCl	148	Clinimix/Dextrose	116
Chantix Starting Month Pak	51	Ciprofloxacin in D5W	56	Clinisol SF	116
Chemet	117	Ciprofloxacin -Dexamethasone	148	Clinolipid	116
Chlordiazepoxide HCl	84	Ciprofloxacin -Hydrocortisone	149	Clobazam	59
Chlordiazepoxide -Amitriptyline	63	Citalopram Hydrobromide	63	Clobetasol Propionate	110
Chlordiazepoxide -Clidinium	119	Cladribine	107	Clobetasol Propionate Emollient Base	110
Chlorhexidine Gluconate ...	108	Claravis	109	Clobetasol Propionate Emulsion	110
Chloroquine Phosphate	76	Clarinex	149	Clocortolone Pivalate	110
Chlorpromazine HCl	78	Clarinex -D 12 Hour	153	Clodan	110
Chlorthalidone	100	Clarithromycin	56	Clomipramine HCl	65
Chlorzoxazone	154	Clarithromycin ER	56	Clonazepam	84
Cholbam	122	Clemastine Fumarate	149	Clonazepam ODT	84
Cholestyramine	101	Clemsza	149	Clonidine	94
Cholestyramine Light	101	Clenpiq	119	Clonidine ER	94
Cialis	124	Cleocin	52	Clonidine HCl	94
Cibinqo	136	Cleocin -T	114	Clonidine HCl ER	104
Ciclopirox	114	Climara	128	Clopidogrel Bisulfate	94
Ciclopirox Olamine	114	Climara Pro	128	Clorazepate Dipotassium	84
Cilostazol	94	Clindacin	114	Clotic	149
Ciloxan	146	Clindacin ETZ	114	Clotrimazole	114
Cimduo	82	Clindagel	114	Clotrimazole -Betamethasone	113
Cimetidine	120	Clindamycin HCl	52	Clozapine	79
Cimetidine HCl	120	Clindamycin Palmitate HCl ..	52	Clozapine ODT	79
Cimzia	139	Clindamycin Phosphate	114		

Clozaril	79	Cortrophin Gel	125	Cyproheptadine HCl	149
Coartem	76	Cosentyx	137	Cyred EQ	129
Cobenfy	105	Cosentyx Sensoready	136	Cystadane	122
Cobenfy Starter Pack	105	Cosentyx UnoReady	137	Cystadrops	145
Codeine Sulfate	49	Cosopt	145	Cystagon	122
Colchicine	67	Cosopt PF	145	Cystaran	145
Colchicine -Probenecid	67	Cotellic	72	Cytomel	134
Colesevelam HCl	101	Cotempla XR -ODT	104	Cytotec	121
Colestid	101	Cozaar	95	D	
Colestipol HCl	101	Crenessity	122	DARAPRIM	76
Colistimethate Sodium	52	Creon	122	DDAVP	126
CombiPatch	129	Cresemba	66	Dabigatran Etexilate Mesylate	91
Combigan	145	Crestor	101	Dalbavancin HCl	52
Combivent Respimat	153	Crexont	78	Dalfampridine ER	107
Cometriq	72	Crinone	133	Daliresp	152
Complera	82	Cromolyn Sodium	152	Dalvance	52
Compro	65	Crotan	114	Danazol	127
ConZip	47	Cryselle	129	Dantrium	80
Concerta	104	Ctexli	119	Dantrolene Sodium	80
Conexxence	144	Cuprimine	125	Danziten	72
Constulose	118	Cuvposa	119	Dapagliflozin	102
Copaxone	107	Cuvrior	117	Dapagliflozin -Saxagliptin	87
Copiktra	72	Cyclobenzaprine HCl	154	Dapsone	114
Cordran	110	Cyclobenzaprine HCl ER	154	Daptacel	141
Coreg	96	Cyclophosphamide	70	Daptomycin	52
Coreg CR	96	Cycloserine	69	Darifenacin Hydrobromide ER	124
Corphena	149	Cycloset	87	Darunavir	83
Cortef	125	Cyclosporine	139	Dasatinib	72
Cortrophin	125	Cyclosporine Modified	139	Daurismo	72

Dawnzera	135	Desmoda	127	Diclofenac Potassium	45
DayVigo	155	Desmopressin Acetate	127	Diclofenac Sodium	147
Daybue	122	Desmopressin Acetate Spray	127	Diclofenac Sodium ER	45
Daybue Stix	122	Desonide	111	Diclofenac -Misoprostol	45
Daytrana	104	Desoximetasone	111	Dicloxacillin Sodium	55
Deblitane	133	Desvenlafaxine ER	63	Dicyclomine HCl	119
Deferasirox	117	Desvenlafaxine Succinate ER	63	Differin	109
Deferasirox Granules	117	Dexamethasone	126	Dificid	56
Deferiprone	117	Dexamethasone Sodium Phosphate	147	Diflorasone Diacetate	111
Deflazacort	125	Dexedrine	104	Diffucan	66
Delestrogen	129	Dexilant	121	Diflunisal	45
Delstrigo	82	Dexlansoprazole	121	Difluprednate	147
Demeclocycline HCl	57	Dexlyt	126	Digoxin	99
Demerol	49	Dexmethylphenidate HCl	104	Dihydroergotamine Mesylate	68
Denavir	81	Dexmethylphenidate HCl ER	104	Dilantin	61
Depakote	86	Dextroamphetamine Sulfate	104	Dilantin INFATABS	61
Depakote ER	86	Dextroamphetamine Sulfate ER	104	Dilantin -125	61
Depakote Sprinkles	87	Dextromethorphan -Quinidine	106	Dilaudid	49
Depen Titratabs	125	Dextrose	116	Dilt -XR	98
Depo -Estradiol	129	Dextrose -Sodium Chloride	116	Diltiazem HCl	98
Depo -Provera	133	Dhivy	78	Diltiazem HCl ER	98
Depo -SubQ Provera 104	133	Diacomit	59	Diltiazem HCl ER Beads	98
Depo -Testosterone	127	Diazepam	84	Diltiazem HCl ER Coated Beads	98
DermOtic	149	Diazepam Intensol	84	Dimethyl Fumarate	107
Derma -Smothe/FS Scalp	110	Diazoxide	89	Dimethyl Fumarate Starter Pack	107
Descovy	82	Dichlorphenamide	122	Diovan	95
Desipramine HCl	65	Diclegis	65	Diovan HCT	99
Desloratadine	149	Diclofenac Epolamine	45	Dipentum	142
Desloratadine ODT	149			Diphenoxylate -Atropine	119

Diprolene	111	Drizalma Sprinkle	106	Edurant PED	82
Dipyridamole	94	Dronabinol	66	Efavirenz	82
Disopyramide Phosphate	96	Drospirenone -Ethinyl Estradiol	129	Efavirenz -Emtricitabine -Tenofovir	82
Disulfiram	50	Drospirenone -Ethinyl Estradiol -Levomefolate	129	Efavirenz -Lamivudine -Tenofovir	82
Divalproex Sodium	87	Droxia	93	Effexor XR	63
Divalproex Sodium ER	87	Droxidopa	94	Effient	94
Divigel	129	Duaklir Pressair	153	Egrifta SV	127
Dofetilide	96	Duavee	129	Egrifta WR	127
Dojolvi	122	Duetact	87	Ekterly	135
Dolishale	129	Dulera	153	Elestrin	129
Dolobid	45	Duloxetine HCl	106	Eletriptan Hydrobromide	68
Donepezil HCl	62	Duobrii	113	Eligard	134
Donepezil HCl ODT	62	Duopa	78	Eliquis	91
Doptelet	94	Dupixent	137	Eliquis Starter Pack	91
Doptelet Sprinkle	94	Durezol	147	Elmiron	125
Doryx MPC	57	Dutasteride	125	Eltrombopag Olamine	93
Dorzolamide HCl	148	Dutasteride -Tamsulosin HCl	125	EluRyng	129
Dorzolamide HCl -Timolol Maleate	145	Duvyzat	144	Elyxyb	45
Dorzolamide HCl -Timolol Maleate Preservative Free	145	Dyanavel XR	104	Emend	66
Dotti	129	Dymista	149	Emend BiPack	66
Dovato	81	Dyrenium	100	Emend TriPack	66
Doxazosin Mesylate	95	E		Emflaza	126
Doxepin HCl	155	E.E.S. 400	56	Emgality	68
Doxercalciferol	144	Ebglyss	137	Empaveli	137
Doxy 100	57	Econazole Nitrate	114	Emrosi	69
Doxycycline	57	Edarbyclor	99	Emsam	63
Doxycycline Hyclate	57	Edecrin	100	Emtricitabine	82
Doxycycline Monohydrate	57	Edluar	155	Emtricitabine -Rilpivirine -Tenofovir DF	82
Doxylamine -Pyridoxine	65	Edurant	82		

Emtricitabine -Tenofovir Disoproxil Fumarate82	Epinastine HCl 146	Estrace 129
Emtriva82	Epinephrine 151	Estradiol 129
Emverm76	Epivir82	Estradiol Valerate 129
Enalapril Maleate95	Eplerenone 102	Estradiol -Norethindrone Acetate 129
Enalapril -Hydrochlorothiazide99	Epogen93	Estring 129
Enbrel 140	Eprontia57	Eszopiclone 155
Enbrel Mini 139	Epsolay 109	Ethacrynic Acid 100
Enbrel SureClick 140	Equetro87	Ethambutol HCl69
Enbumyst 100	Eraxis66	Ethosuximide59
Endari 116	Ergomar68	Etodolac45
Engerix -B 141	Ergotamine -Caffeine68	Etodolac ER45
EnilloRing 129	Erivedge 72	Etonogestrel -Ethinyl Estradiol 129
Enoxaparin Sodium91	Erleada70	Etravirine82
Ensacove72	Erlotinib HCl 72	Eucrisa 111
Enskyce 129	Errin 133	Eulexin70
Enspryng 145	Ertaczo 114	Eurax 114
Enstilar 113	Ertapenem Sodium55	Evamist 129
Entacapone77	Ery 114	Evekeo 104
Entecavir80	Erythrocin Lactobionate56	Evenity 144
Entresto99	Erythromycin 146	Everolimus 140
Entyvio Pen 137	Erythromycin Base56	Evesse 111
Enulose 118	Erythromycin Ethylsuccinate56	Evista 134
Envarsus XR 140	Erzofri79	Evotaz83
Eohilia 143	Esbriet 153	Evoxac 108
Epclusa80	Escitalopram Oxalate64	Evrysdi 122
EpiPen 2 -Pak 151	Eslicarbazepine Acetate61	Exelderm66
EpiPen Jr 2 -Pak 151	Esomeprazole Magnesium 121	Exelon62
Epidiolex57	Estarylla 129	Exemestane71
Epiduo Forte 109	Estazolam 155	Exforge99

Exforge HCT	99	Femring	129	Flarex	147
Exjade	117	Fenofibrate	101	Flavoxate HCl	124
Exxua	64	Fenofibrate Micronized	101	Flecainide Acetate	96
Exxua Titration Pack	64	Fenofibric Acid	101	Flector	45
Eysuvis	147	Fenoprofen Calcium	45	Fleqsuvy	80
Ezetimibe	101	Fenopron	45	FloLipid	101
Ezetimibe -Simvastatin	101	Fentanyl	47	Fluconazole	67
F					
FML Forte	147	Feriprox	117	Fluconazole in Sodium Chloride	67
FML Liquifilm	147	Feriprox Twice -A -Day	117	Flucytosine	67
Fabhalta	93	Fesoterodine Fumarate ER	124	Fludrocortisone Acetate	126
Falmina	129	Fetzima	64	Flunisolide	150
Famciclovir	81	Fetzima Titration	64	Fluocinolone Acetonide	149
Famotidine	120	Fexmid	154	Fluocinolone Acetonide Scalp	111
Fanapt	79	Fiasp	90	Fluocinonide	111
Fanapt Titration Pack A	79	Fiasp FlexTouch	90	Fluocinonide Emulsified Base	111
Fanapt Titration Pack B	79	Fiasp PenFill	90	Fluorometholone	147
Fanapt Titration Pack C	79	Fidaxomicin	56	Fluorouracil	113
Farxiga	102	Filspari	99	Fluoxetine HCl	64
Fasenra	154	Filsuvez	113	Fluphenazine Decanoate	78
Fasenra Pen	154	Finacea	109	Fluphenazine HCl	78
Febuxostat	67	Finasteride	125	Flurandrenolide	111
Feirza 1.5/30	129	Fingolimod HCl	107	Flurazepam HCl	155
Feirza 1/20	129	Fintepla	58	Flurbiprofen	45
Felbamate	57	Finzala	129	Flurbiprofen Sodium	147
Felbatol	58	Fioricet	49	Fluticasone Furoate -Vilanterol	154
Felodipine ER	97	Firazyr	135	Fluticasone Propionate	150
Femara	71	Firdapse	106	Fluticasone Propionate Diskus	150
Femlyv ODT	129	Firmagon	134	Fluticasone Propionate HFA	150
		Firvanq	52		

Fluticasone -Salmeterol	154	Galafold	122	Gentamicin Sulfate	146
Fluvastatin Sodium	101	Galantamine Hydrobromide .	62	Gentamicin Sulfate -0.9% Sodium Chloride	51
Fluvastatin Sodium ER	101	Galantamine Hydrobromide ER	62	Genvoya	81
Fluvoxamine Maleate	64	Galbriela .	129	Geodon	85
Fluvoxamine Maleate ER	64	Gallifrey	133	Gilenya .	107
Focalin	104	Gammagard	136	Gilotrif	72
Focalin XR	104	Gammagard ERC	136	Gimoti	65
Fondaparinux Sodium	92	Gammagard S/D Less IgA .	136	Glassia	122
Formoterol Fumarate	151	Gammaked	136	Glatiramer Acetate .	107
Forteo	144	Gammaplex .	136	Glatopa .	107
Forzinity	122	Gamunex -C	136	Gleevec	72
Fosamax	144	Gardasil 9	141	Gleostine .	70
Fosamax Plus D	144	Gastrocrom	122	Glimepiride	87
Fosamprenavir Calcium	83	Gatifloxacin .	146	Glipizide	87
Fosfomycin Tromethamine .	52	Gattex	119	Glipizide ER .	87
Fosinopril Sodium	95	Gauze	144	Glipizide -Metformin HCl	87
Fosinopril Sodium -HCTZ	99	GaviLyte -C	120	Gloperba	67
Fosrenol	118	GaviLyte -G	120	Glucagon Emergency .	89
Fotivda	72	GaviLyte -N with Flavor Pack .	120	Glucotrol XL	87
Fragmin	92	Gavreto .	72	Glyburide	87
Frovatriptan Succinate .	68	Gefitinib	72	Glyburide -Metformin	87
Fruzaqla	72	Gemfibrozil	101	Glycate	119
Fulphila .	93	Gemmily	129	Glycerol Phenylbutyrate	122
Furoscix	100	Gemtesa .	124	Glycopyrrolate	119
Furosemide	100	Generlac	118	Glyxambi	87
Fyavolv .	129	Gengraf	140	GoLYTELY .	120
Fylnetra .	93	Genotropin	127	Gocovri	77
G		Genotropin MiniQuick	127	Gomekli .	72
Gabapentin	106			Gralise .	106

Granisetron HCl	66	Heparin Sodium	92	Hydrocortisone Acetate -Pramoxine	113
Granisol	66	Hepcludex	80	Hydrocortisone Butyrate	111
Granix	93	Heplisav -B	141	Hydrocortisone Valerate	112
Grastek	137	Hernexeos	72	Hydrocortisone -Acetic Acid	149
Griseofulvin Microsize	67	Hetlioz	155	Hydromorphone HCl	49
Griseofulvin Ultramicrosize ...	67	Hetlioz LQ	155	Hydromorphone HCl ER	47
Guanfacine HCl	94	Hiberix	141	Hydromorphone HCl Preservative Free	49
Guanfacine HCl ER	104	Horizant	106	Hydroxychloroquine Sulfate .	76
Gvoke HypoPen 2 -Pack	89	Humalog	90	Hydroxyurea	71
Gvoke Kit	89	Humalog Junior KwikPen	90	Hydroxyzine HCl	84
Gvoke PFS	89	Humalog KwikPen	90	Hydroxyzine Pamoate	84
Gynazole -1	67	Humalog Mix 50/50 KwikPen	90	Hyftor	112
H		Humalog Mix 75/25	90	Hyrnuo	72
Haegarda	135	Humalog Mix 75/25 KwikPen	90	Hysingla ER	47
Hailey 24 Fe	130	Humatin	51	Hyzaar	99
Hailey Fe 1/20	130	Humatrope	127	I	
Halcinonide	111	Humulin 70/30	90	IDHIFA	73
Halobetasol Propionate	111	Humulin 70/30 KwikPen	90	IPOL	141
Halog	111	Humulin N	90	Ibandronate Sodium	144
Haloperidol	78	Humulin N KwikPen	90	Ibrance	73
Haloperidol Decanoate	78	Humulin R	90	Ibsrela	118
Haloperidol Lactate	78	Humulin R U -500 KwikPen .	90	Ibtrozi	73
Harliku	122	Hydralazine HCl	103	Ibu	45
Harvoni	81	Hydrea	71	Ibuprofen	45
Havrix	141	Hydrochlorothiazide	100	Ibuprofen -Famotidine	46
Heather	133	Hydrocodone Bitartrate ER .	47	Icatibant Acetate	136
Hemady	126	Hydrocodone -Acetaminophen	49	Iclevia	130
Hemangeol	96	Hydrocodone -Ibuprofen	49	Iclusig	73
Hemiclor	100	Hydrocortisone	143	Idvynso	83

Illevro	147	Inlyta	73	Iqirvo	120
Ilumya	137	InnoPran XL	96	Irbesartan	95
Imatinib Mesylate	73	Inpefa	103	Irbesartan -Hydrochlorothiazide	99
Imbruvica	73	Inqovi	71	Iressa	73
Imipenem -Cilastatin	55	Inrebic	73	Isentress	81
Imipramine HCl	65	Insulin Glargine Max SoloStar	90	Isentress HD	81
Imipramine Pamoate	65	Insulin Glargine Solostar	90	Isibloom	130
Imiquimod	113	Insulin Glargine -yfgn	90	Isolyte -P in D5W	116
Imiquimod Pump	113	Insulin Lispro	90	Isolyte -S pH 7.4	116
Imitrex	68	Insulin Lispro Junior KwikPen	90	Isoniazid	69
Imitrex STATdose Refill	68	Insulin Lispro Prot & Lispro	90	Isosorbide Dinitrate	103
Imitrex STATdose System	68	Insulin Syringes, Needles. ..	144	Isosorbide Dinitrate -Hydralazine	99
Imkeldi	73	Intelence	82	Isosorbide Mononitrate	103
Imovax Rabies	141	Intralipid	116	Isosorbide Mononitrate ER	103
Imuran	140	Intrarosa	133	Isotretinoin	109
Imvexxy Maintenance Pack	130	Introvale	130	Isradipine	97
Imvexxy Starter Pack	130	Intuniv	104	Istalol	147
Inbrija	78	Invega	79	Isturisa	134
Incassia	133	Invega Hafyera	79	Itovebi	73
Increlex	127	Invega Sustenna	79	Itraconazole	67
Incruse Ellipta	150	Invega Trinza	79	Ivabradine HCl	99
Indapamide	101	Invokamet	87	Ivermectin	114
Inderal LA	96	Invokamet XR	87	Iwifin	71
Indocin	46	Invokana	103	Ixiaro	141
Indomethacin	46	Inzirqo	101	Iyuzeh	148
Indomethacin ER	46	Iopidine	148	J	
Infanrix	141	Ipratropium Bromide	151		
Ingrezza	106	Ipratropium Bromide HFA ..	150	Jadenu	117
Inluriyo	70	Ipratropium -Albuterol	154	Jadenu Sprinkle	117
				Jaimiess	130

Jakafi	73	Junel Fe 1/20	130	Kisqali	73
Jakafi XR	73	Junel Fe 24	130	Kitabis Pak	151
Jalyn	125	Juxtapid	102	Klaron	115
Jantoven	92	Jylamvo	140	Klisyri	113
Janumet	87	Jynarque	117	Klonopin	84
Janumet XR	87	Jynneos	141	Klor-Con	116
Januvia	87	K		Klor-Con 10	116
Jardiance	103	KCl in Dextrose -NaCl	116	Klor-Con 8	116
Jascayd	153	Kaitlib Fe	130	Klor-Con M10	116
Jasmiel	130	Kalydeco	151	Klor-Con M15	116
Jatenzo	127	Karbinal ER	149	Klor-Con M20	116
Javadin	94	Kariva	130	Kloxxado	51
Javygtor	122	Katerzia	97	Komzifti	71
Jaypirca	73	Kelnor 1/35	130	Konvomep	121
Jaythari	126	Keppra	58	Korlym	135
Jentaduetto	88	Keppra XR	58	Koselugo	73
Jentaduetto XR	88	Kerendia	102	Kourzeq	108
Jideytro	73	Kesimpta	107	Krazati	73
Jinteli	130	Ketoconazole	115	Krintafel	76
Joenja	137	Ketodan	115	Kristalose	118
Jornay PM	105	Ketoprofen	46	Kurvelo	130
Journavx	144	Ketoprofen ER	46	Kuvan	122
Joyeaux	130	Ketorolac Tromethamine	147	Kyleena	133
Jublia	115	Keveyis	122	Kymbee	126
Juleber	130	Kevzara	137	Kyzatrex	127
Juluca	81	Khindivi	126	L	
Junel 1.5/30	130	Kineret	137	L -Glutamine	116
Junel 1/20	130	Kinrix	141	LARIN 1.5/30	130
Junel Fe 1.5/30	130	Kionex	118	LARIN 1/20	130

LARIN Fe 1.5/30	130	Ledipasvir -Sofosbuvir	81	Levocetirizine Dihydrochloride	149
LARIN Fe 1/20	130	Leflunomide	140	Levofloxacin	146
Labetalol HCl	96	Lenalidomide	70	Levofloxacin in D5W	56
Lacosamide	61	Lenvima 10MG Daily Dose ..	73	Levonest	130
Lactulose	118	Lenvima 12MG Daily Dose ..	73	Levonorgest -Ethinyl Estradiol -Iron	130
Lamictal	58	Lenvima 14MG Daily Dose ..	73	Levonorgestrel -Ethinyl Estradiol	130
Lamictal ODT	58	Lenvima 18MG Daily Dose ..	73	Levonorgestrel -Ethinyl Estradiol 91 -Day	130
Lamictal Starter	58	Lenvima 20MG Daily Dose ..	73	Levonorgestrel -Ethinyl Estradiol Triphasic	130
Lamictal XR	58	Lenvima 24MG Daily Dose ..	73	Levorphanol Tartrate	47
Lamivudine	82	Lenvima 4MG Daily Dose	73	Levothyroxine Sodium	134
Lamivudine -Zidovudine	82	Lenvima 8MG Daily Dose	73	Levoxyl	134
Lamotrigine	58	Leqembi IQLIK	62	Lexapro	64
Lamotrigine ER	58	Leqselvi	137	Lexette	112
Lamotrigine ODT	58	Lerochol	102	Lialda	143
Lamotrigine Starter Kit -Blue	58	Lescol XL	101	Licart	46
Lamotrigine Starter Kit -Green	58	Lessina	130	Lidocaine	50
Lamotrigine Starter Kit -Orange	58	Letairis	152	Lidocaine HCl	50
Lampit	76	Letrozole	71	Lidocaine Viscous	50
Lanoxin	99	Leucovorin Calcium	76	Lidocaine -Prilocaine	50
Lansoprazole	121	Leukeran	70	Lidocan	50
Lansoprazole ODT	121	Leukine	93	Lifyorli	74
Lanthanum Carbonate	118	Leuprolide Acetate	135	Liletta	133
Lantus	91	Levalbuterol HCl	151	Linezolid	52
Lantus SoloStar	91	Levalbuterol Tartrate	151	Linzess	118
Lapatinib Ditosylate	73	Levetiracetam	58	Liomny	134
Lasix ONYU	100	Levetiracetam ER	58	Liothyronine Sodium	134
Latanoprost	148	Levetiracetam ODT	58	Lipitor	101
Latuda	85	Levobunolol HCl	147	Lipofen	101
Lazcluze	71	Levocarnitine	122		

Liraglutide	88	Lonsurf	71	Lumryz Starter Pack	155
Lisdexamfetamine Dimesylate	104	Loperamide HCl	119	Lunesta	155
Lisinopril	95	Lopinavir -Ritonavir	83	Lupkynis	140
Lisinopril -Hydrochlorothiazide	99	Lopressor	96	Lupron Depot	135
Litfulo	137	Lorazepam	84	Lurasidone HCl	85
Lithium	87	Lorazepam Intensol	84	Lurbiro	46
Lithium Carbonate	87	Lorbrena	74	Lutrate Depot	135
Lithium Carbonate ER	87	Loreev XR	84	Luzu	115
Lithobid	87	Loryna	131	Lybalvi	85
Lithostat	125	Losartan Potassium	95	Lyleq	133
Livalo	101	Losartan Potassium -HCTZ	99	Lyllana	131
Livdelzi	120	Lotemax	147	Lynkuet	106
Livmarli	120	Lotemax SM	147	Lynparza	74
Livtensity	80	Lotensin	95	Lyricea	106
Lo Loestrin Fe	130	Loteprednol Etabonate	147	Lyricea CR	106
LoJaimiess	131	Loteprednol -Tobramycin	145	Lysodren	71
Loargys	122	Lotronex	119	Lytgobi	74
Lodine	46	Lovastatin	101	Lyumjev	91
Lodoco	99	Lovaza	102	Lyumjev KwikPen	91
Lodosyn	78	Lovenox	92	Lyza	133
Loestrin 1.5/30	130	Low -Ogestrel	131	M	
Loestrin 1/20	130	Loxapine Succinate	78		
Loestrin Fe 1.5/30	130	Lubiprostone	118	M -M -R II	141
Loestrin Fe 1/20	130	Luizza 1.5/30	131	MResvia	141
Lofena	46	Luizza 1/20	131	MS Contin	47
Lofexidine HCl	51	Luliconazole	115	Macitentan	152
Lokelma	118	Lumakras	74	Macrobid	52
Lomotil	119	Lumigan	148	Magnesium Sulfate	116
Lomustine	70	Lumryz	155	Malarone	76
				Malathion	114

Maraviroc	83	Menostar	131	Methylphenidate	105
Marinol	66	Menveo	141	Methylphenidate ER	105
Marlissa	131	Meperidine HCl	49	Methylphenidate HCl	105
Marplan	63	Meprobamate	84	Methylphenidate HCl CD ...	105
Matulane	70	Mepron	76	Methylphenidate HCl ER ...	105
Matzim LA	98	Mercaptopurine	71	Methylphenidate HCl ER Osmotic	105
Mavenclad	107	Meropenem	55	Methylphenidate HCl ER Osmotic Release	105
Mavyret	81	Mesalamine	143	Methylphenidate HCl LA ...	105
Maxalt	68	Mesalamine ER	143	Methylprednisolone	126
Maxalt -MLT	68	Mesna	76	Methyltestosterone	128
Maxidex	147	Mesnex	76	Metoclopramide HCl	65
Maxitrol	145	Mestinon	69	Metolazone	101
Mayzent	107	Metadate CD	105	Metoprolol Succinate ER	96
Mayzent Starter Pack	107	Metaxalone	154	Metoprolol Tartrate	97
Meclizine HCl	65	Metformin HCl	88	Metoprolol -Hydrochlorothiazide	99
Meclofenamate Sodium	46	Metformin HCl ER	88	Metronidazole	52
Medrol	126	Methadone HCl	47	Metyrosine	99
Medroxyprogesterone Acetate	133	Methamphetamine HCl	104	Mexiletine HCl	96
Mefenamic Acid	46	Methazolamide	148	Mibelas 24 Fe	131
Mefloquine HCl	76	Methenamine Hippurate	52	Micafungin Sodium	67
Megestrol Acetate	133	Methimazole	135	Micardis HCT	99
Mekinist	74	Methitest	128	Miconazole 3	67
Mektovi	74	Methocarbamol	154	Microgestin 1.5/30	131
Meleya	133	Methotrexate Sodium	140	Microgestin 1/20	131
Meloxicam	46	Methoxsalen Rapid	113	Microgestin Fe 1.5/30	131
Memantine HCl	63	Methscopolamine Bromide	119	Microgestin Fe 1/20	131
Memantine HCl ER	62	Methsuximide	59	Midodrine HCl	94
Memantine HCl -Donepezil HCl ER	62	Methyldopa	94	Miebo	145
MenQuadfi	141	Methylin	105	Mifepristone	135

Migergot	68	Motofen	119	Naftin	115
Miglitol	88	Motpoly XR	61	Nalocet	49
Miglustat	122	Mounjaro	88	Naloxone HCl	51
Mili	131	Movantik	119	Naltrexone HCl	50
Milnacipran HCl	106	MoviPrep	120	Namzaric	62
Mimvey	131	Moxifloxacin HCl	146	Naprelan	46
Minivelle	131	Moxifloxacin HCl in NaCl	56	Naproxen	46
Minocycline HCl	57	Mulpleta	93	Naproxen DR	46
Minocycline HCl ER	57	Multaq	96	Naproxen Sodium	46
Minoxidil	103	Multiple Electrolytes Type 1 pH 7.4	116	Naproxen Sodium ER	46
Minzoya	131	Mupirocin	115	Naproxen -Esomeprazole	46
Miplyffa	122	Mupirocin Calcium	115	Naratriptan HCl	68
Mircera	93	Myalept	120	Nardil	63
Mirena	133	Mycapssa	135	Natacyn	146
Mirtazapine	63	Mycophenolate Mofetil	140	Natazia	131
Mirtazapine ODT	63	Mycophenolate Sodium	140	Nateglinide	88
Mirvaso	109	Mydayis	104	Natroba	114
Misoprostol	121	Myfembree	135	Nayzilam	60
Mitigare	67	Myfortic	140	Nebivolol HCl	97
Modafinil	155	Myhibbin	140	Nebupent	76
Modeyso	71	Myqorzo	99	Necon 0.5/35	131
Moexipril HCl	95	Myrbetriq	124	Nefazodone HCl	64
Molindone HCl	78	Mysoline	60	Neffy	151
Mometasone Furoate	150	Mytesi	119	Nemludio	137
Montelukast Sodium	150	N		Neo -Synalar	113
Morphine Sulfate	49	Nabumetone	46	Neomycin Sulfate	51
Morphine Sulfate ER	47	Nadolol	97	Neomycin -Bacitracin -Polymyxin	146
Morphine Sulfate ER Beads	47	Nafcillin Sodium	55	Neomycin -Polymyxin -Bacitracin -Hydrocortisone	145
Motegrity	119	Naftifine HCl	115		

Neomycin -Polymyxin -Dexamethasone	145	Nifedipine ER Osmotic Release	97	Norgesic	154
Neomycin -Polymyxin -Gramicidin	146	Nikki	131	Norgesic Forte	154
Neomycin -Polymyxin -HC .	149	Nilotinib HCl	74	Norgestimate -Ethinyl Estradiol	131
Neoral	140	Nilutamide	70	Norgestimate -Ethinyl Estradiol Triphasic	131
Nereus	66	Nimodipine	97	Noritate .	52
Nerlynx	74	Ninlaro	74	Norliqva	97
Neuac	109	Nintedanib Esylate .	153	Norpace	96
Neulasta	93	Nisoldipine ER	97	Northera	94
Neupogen	93	Nitazoxanide	77	Nortrel 0.5/35 .	131
Neupro	77	Nitisinone	122	Nortrel 1/35	131
Neurontin	60	Nitro -Bid	103	Nortrel 7/7/7 .	131
Nevanac	147	Nitro -Dur .	103	Nortriptyline HCl .	65
Nevirapine	82	Nitrofurantoin	52	Norvasc	97
Nevirapine ER .	82	Nitrofurantoin Macrocrystal ..	52	Norvir	83
Nexavar	74	Nitrofurantoin Monohydrate .	52	Nourianz .	77
Nexiclon XR .	94	Nitroglycerin	103	NovoLog	91
Nexium	121	Nitrolingual	103	NovoLog FlexPen	91
Nexletol	102	Nitrostat	103	NovoLog Mix 70/30 .	91
Nexlizet .	102	Nityr	122	NovoLog Mix 70/30 FlexPen	91
Nexplanon	133	Nivestym	93	NovoLog PenFill .	91
Nextstellis .	131	Nizatidine	120	Novolin 70/30	91
Ngenla	127	Nora -BE .	134	Novolin 70/30 FlexPen	91
Niacin .	102	Norditropin FlexPro	127	Novolin N	91
Niacin ER	102	Norelgestromin -Ethinyl Estradiol	131	Novolin N FlexPen	91
Niacor	102	Norethindrone	134	Novolin R	91
Nicardipine HCl	97	Norethindrone Acetate	134	Novolin R FlexPen	91
Nicotrol NS	51	Norethindrone Acetate -Ethinyl Estradiol	131	Noxafil .	67
Nifedipine	97	Norethindrone Acetate -Ethinyl Estradiol -Fe .	131	Nubeqa	70
Nifedipine ER .	97			Nucala	154

Nucynta	49	Ojemda	74	Opsumit	152
Nucynta ER	48	Ojjaara	74	Opsynvi	152
Nuedexta	106	Olanzapine	85	Opvee	51
Nuplazid	79	Olanzapine ODT	85	Opzelura	112
Nurtec ODT	68	Olanzapine -Fluoxetine HCl	85	Oracea	57
Nutrilipid	116	Olmesartan Medoxomil	95	Orapred ODT	126
NuvaRing	131	Olmesartan Medoxomil -HCTZ	99	Orencia	137
Nuvessa	52	Olmesartan -Amlodipine -HCTZ	99	Orencia ClickJect	137
Nuvigil	155	Olopatadine HCl	149	Orenitram	152
Nuzyra	57	Olpruva	123	Orenitram Month 1	152
Nyamyc	115	Olumiant	137	Orenitram Month 2	152
Nylia 1/35	131	Omega -3 -Acid Ethyl Esters	102	Orenitram Month 3	152
Nylia 7/7/7	132	Omeprazole	121	Orfadin	123
Nymalize	97	Omeprazole -Sodium Bicarbonate	121	Orgovyx	71
Nystatin	115	Omnaris	150	Oriahnn	135
Nystatin -Triamcinolone	113	Omnitrope	127	Orilissa	135
Nystop	115	Omvox	137	Orkambi	151
Nyvepria	93	Onapgo	77	Orladeyo	136
O		Ondansetron HCl	66	Ormalvi	123
Octagam	136	Ondansetron ODT	66	Orphenadrine Citrate ER ...	154
Octreotide Acetate	135	Onexton	109	Orphenadrine -Aspirin -Caffeine	155
Ocuflox	146	Onfi	60	Orquidea	134
Odactra	137	Ongentys	77	Orserdu	71
Odefsey	82	Ontralfy	80	Oseltamivir Phosphate	83
Odomzo	74	Onureg	71	Osenvelt	144
Ofev	153	Onyda XR	105	Osphena	134
Ofloxacin	149	Onzetra Xsail	68	Otezla	137
Ogsiveo	71	Opipza	85	Otezla XR	137
Ohtuvayre	152			Otezla/Otezla XR Initiation Pack	137

Ovide	114	Palynziq	123	Pentamidine Isethionate	77
Oxacillin Sodium	55	Pancreaze	123	Pentasa	143
Oxacillin Sodium in Dextrose	55	Panretin	76	Pentazocine -Naloxone HCl .	50
Oxaprozin	46	Pantoprazole Sodium	121	Pentoxifylline ER	99
Oxazepam	84	Panzyga	136	Pepcid	120
Oxcarbazepine	61	Paricalcitol	144	Perampanel .	59
Oxcarbazepine ER	61	Parlodel	135	Percocet .	50
Oxervate	145	Parnate	63	Perforomist	151
Oxiconazole Nitrate	115	Paroxetine HCl	64	Perindopril Erbumine .	95
Oxtellar XR	61	Paroxetine HCl ER	64	Periogard	108
OxyContin	48	Paroxetine Mesylate	64	Permethrin .	114
Oxybutynin Chloride	124	Paxil	64	Perphenazine .	65
Oxybutynin Chloride ER ...	124	Paxil CR	64	Perphenazine -Amitriptyline .	63
Oxycodone HCl	49	Paxlovid	84	Pertzye	123
Oxycodone -Acetaminophen	50	Pazopanib HCl	74	Pheburane .	123
Oxymetazoline HCl	109	Pediarix	141	Phenelzine Sulfate	63
Oxymorphone HCl .	50	PedvaxHIB .	141	Phenobarbital	60
Oxymorphone HCl ER	48	Pegasys	139	Phenoxybenzamine HCl	95
Oxytrol	124	Pemazyre	74	Phenytek	61
Ozempic	88	Penbraya	142	Phenytoin	61
Ozobax DS	80	Penciclovir	81	Phenytoin Sodium Extended	61
P		Penicillamine	125	Phexx	125
PEG -3350 -Electrolytes	120	Penicillin G Potassium .	55	Phospholine Iodide	148
PEG -3350 -NaCl -Na Bicarbonate -KCl	120	Penicillin G Potassium in Dextrose	55	Phyrago	74
PEG -3350/Electrolytes/Ascorbat	120	Penicillin G Sodium	55	Pifeltro	82
Pacerone	96	Penicillin V Potassium .	55	Pilocarpine HCl	148
Paliperidone ER	79	Penmenvy .	142	Pimecrolimus	112
Palsonify	135	Pentacel	142	Pimozide	78
		Pentam	77	Pimtrea	132

Pindolol	97	Pradaxa	92	Prevymis	80
Pioglitazone HCl	88	Praluent	102	Prezcobix	83
Pioglitazone HCl -Glimepiride	88	Pramipexole Dihydrochloride	77	Prezista	83
Pioglitazone HCl -Metformin HCl	88	Pramipexole Dihydrochloride ER	77	Priftin	70
Piperacillin -Tazobactam	55	Pramosone	113	Prilosec	121
Piqray	74	Prasugrel HCl	94	Primaquine Phosphate	77
Pirfenidone	153	Pravastatin Sodium	101	Primidone	60
Piroxicam	46	Praziquantel	76	Priorix	142
Plaquenil	77	Prazosin HCl	95	Pristiq	64
Plasma -Lyte A	116	Pred Forte	147	Privigen	136
Plavix	94	Pred Mild	147	ProAir RespiClick	151
Plegridy	107	Prednisolone	126	ProCentra	104
Plenamine	116	Prednisolone Acetate	147	ProQuad	142
Podofilox	113	Prednisolone Sodium Phosphate	147	Probenecid	68
Pokonza	116	Prednisolone Sodium Phosphate ODT	126	Procardia XL	97
Polymyxin B Sulfate	52	Prednisone	126	Prochlorperazine	65
Polymyxin B -Trimethoprim	146	Prednisone Intensol	126	Prochlorperazine Maleate	65
Pomalidomide	70	Pregabalin	106	Procrit	93
Pomalyst	70	Pregabalin ER	106	Procto -Med HC	143
Ponvory	107	Premarin	132	Proctofoam HC	113
Ponvory Starter Pack	107	Premasol	117	Proctosol HC	143
Portia -28	132	Premphase	132	Proctozone -HC	143
Posaconazole	67	Prempro	132	Procysbi	123
Potassium Chloride	117	Prenatal	118	Progesterone	134
Potassium Chloride ER	116	Pretomanid	69	Proglycem	89
Potassium Chloride Microencapsulated ER	116	Prevacid	121	Prograf	140
Potassium Chloride in NaCl	116	Prevacid SoluTab	121	Prolastin -C	123
Potassium Citrate ER	117	Prevalite	102	Prolate	50
				Prolensa	147

Promacta	93	Pyrukynd	123	Raldesy	64
Promethazine HCl	65	Pyrukynd Taper Pack	123	Raloxifene HCl	134
Promethazine -Phenylephrine	154	Q		Ramelteon	155
Promethegan	66	Qbrelis	95	Ramipril	95
Prometrium	134	Qbrexza	113	Ranitidine HCl	120
Propafenone HCl	96	Qelbree	105	Ranolazine ER	100
Propafenone HCl ER	96	Qinlock	74	Rasagiline Mesylate	78
Propranolol HCl	97	Qivigy	136	Rasuvo	140
Propranolol HCl ER	97	Qnasl	150	Rayaldee	144
Propylthiouracil	135	Qnasl Childrens	150	Rebif	107
Proscar	125	Quadracel	142	Rebif Rebidose	107
Prosol	117	Questran	102	Rebif Rebidose Titration Pack	107
Protonix	121	Questran Light	102	Rebif Titration Pack	107
Protriptyline HCl	65	Quetiapine Fumarate	85	Reclipsen	132
Provera	134	Quetiapine Fumarate ER	85	Recombivax HB	142
Provigil	155	QuilliChew ER	105	Recorlev	135
Prucalopride Succinate	119	Quillivant XR	105	Redemplo	102
Prudoxin	112	Quinapril HCl	95	Reglan	66
Pruradik	114	Quinapril -Hydrochlorothiazide	99	Relafen DS	46
Pulmicort	150	Quinidine Gluconate ER	96	Relenza Diskhaler	83
Pulmicort Flexhaler	150	Quinidine Sulfate	96	Releuko	93
Pulmozyme	151	Quinine Sulfate	77	Relexxi	105
Purixan	71	Qulipta	68	Relgaabi	60
Pylera	120	Quviviq	155	Relistor	119
Pyquvi	126	Qvar RediHaler	150	Relpax	68
Pyrazinamide	70	R		Reltone	120
Pyridostigmine Bromide	69	RabAvert	142	Remeron	63
Pyridostigmine Bromide ER	69	Rabeprazole Sodium	121	Remeron SolTab	63
Pyrimethamine	77	Radicava ORS Starter Kit ..	106	Repaglinide	88

Repatha	102	Rilpivirine HCl	82	RotaTeq	142
Repatha SureClick	102	Riluzole	106	Rotarix	142
Restasis MultiDose	145	Rimantadine HCl	83	Rowasa	143
Restasis Single -Use Vials . .	145	Rinvoq	137	Roweepra	59
Restoril	155	Rinvoq LQ	137	Roxicodone	50
Retacrit	93	Risedronate Sodium	144	RoxyBond	50
Retevmo	74	Risperdal	86	Rozerem	155
Retin -A	109	Risperdal Consta	86	Rozlytrek	74
Retin -A Micro Pump	109	Risperidone	86	Rubraca	74
Retrovir	82	Risperidone Microspheres ER	86	Ruconest	136
Revatio	152	Risperidone ODT	86	Rufinamide	61
Revcovi	123	Ritalin	105	Rukobia	83
Revlimid	70	Ritonavir	83	RyClora	149
Revuforj	71	Rivaroxaban	92	RyVent	149
Rexulti	79	Rivastigmine	62	Rydapt	74
Reyataz	83	Rivastigmine Tartrate	62	Rytary	78
Rezdifra	144	Rivelsa	132	S	
Rezenopy	51	Rivfloza	123	SPS	118
Rezlidhia	74	Rizatriptan Benzoate	68	SSD	113
Rezurock	140	Rizatriptan Benzoate ODT	69	Sabril	60
Rezvoglar KwikPen	91	Rocaltrol	144	Sacubitril -Valsartan	100
Rhapsido	137	Rocklatan	145	Safyral	132
Rhofade	109	Roflumilast	152	Sajazir	136
Rhopressa	148	Rolvedon	93	Salagen	108
Ribavirin	81	Romvimza	74	Samsca	117
Ridaura	137	Ropinirole HCl	77	Sancuso	66
Rifabutin	69	Ropinirole HCl ER	77	Sandimmune	140
Rifampin	70	Rosuvastatin Calcium	101	Sandostatin	135
Rifapentine	70	Rosyrah	132	Santyl	113

Saphnelo	140	Siklos	93	Sodium Chloride	117
Saphnelo Pen	140	Sildenafil Citrate	153	Sodium Fluoride	117
Saphris	86	Silenor	155	Sodium Oxybate	156
Sapropterin Dihydrochloride	123	Siliq	138	Sodium Phenylbutyrate	123
Savaysa	92	Silodosin	125	Sodium Polystyrene Sulfonate	118
Saxagliptin HCl	88	Silvadene	113	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate	120
Saxagliptin -Metformin ER	88	Silver Sulfadiazine	113	Sofdra	113
Scemblix	74	Simbrinza	148	Sofosbuvir -Velpatasvir	81
Scopolamine	66	Simponi	140	Sogroya	127
Sdamlo	97	Simvastatin	101	Sohonos	80
Secuado	86	Sinemet	78	Solifenacin Succinate	124
Segluromet	88	Singulair	150	Soliqua	89
Selegiline HCl	78	Sirolimus	140	Solosec	52
Selenium Sulfide	112	Sirturo	70	Soltamox	71
Selzentry	83	Sitagliptin	88	Soma	155
Semglee	91	Sitagliptin Base -Metformin HCl	88	Somavert	135
Sephience	123	Sitagliptin Base -Metformin HCl ER	88	Soolantra	114
Serevent Diskus	151	Sitagliptin Phosphate	89	Sorafenib Tosylate	74
Seroquel	86	Sitagliptin Phosphate -Metformin HCl	89	Sorilux	113
Seroquel XR	86	Sitagliptin Phosphate -Metformin HCl ER	88	Sotalol HCl	96
Serostim	127	Sivextro	52	Sotyktu	138
Sertraline HCl	64	Skyclarys	106	Sotylize	96
Setlakin	132	Skyla	134	Sovaldi	81
Sevelamer Carbonate	118	Skyrizi	138	Spevigo	138
Sevelamer HCl	118	Skyrizi Pen	138	Spinosaad	114
Seysara	57	Skytrofa	127	Spiriva HandiHaler	151
Sharobel	134	Slynd	134	Spiriva Respimat	151
Shingrix	142	Soaanz	100	Spironolactone	102
Signifor	135				

Spironolactone -HCTZ	100	Sulfamethoxazole -Trimethoprim	57	TPN Electrolytes	117
Sprintec 28	132	Sulfamylon	115	Tabloid	71
Spritam ODT	59	Sulfasalazine	143	Tabrecta	75
Sprix	46	Sulindac	46	Taclonex	113
Sprycel	74	Sumatriptan	69	Tacrolimus	141
Starjemza	138	Sumatriptan Succinate	69	Tadalafil	153
Steglatro	103	Sumatriptan -Naproxen Sodium	69	Tadliq	153
Steglujan	89	Sunitinib Malate	74	Tafinlar	75
Steqeyma	138	Sunlenca	83	Tafluprost	148
Stimufend	93	Sunosi	156	Tagrisso	75
Stiolto Respimat	154	Suprep Bowel Prep Kit	120	Takhzyro	136
Stivarga	74	Sutab	120	Talicia	120
Stoboclo	144	Sutent	75	Taltz	138
Streptomycin Sulfate	51	Syeda	132	Talzenna	75
Stribild	81	Symbicort	154	Tamiflu	84
Striverdi Respimat	151	Symbravo	69	Tamoxifen Citrate	71
Stromectol	76	Symdeko	152	Tamsulosin HCl	125
Suboxone	51	Symfi	82	Tapentadol HCl	50
Subvenite	59	Sympazan	60	Tapentadol HCl ER	48
Subvenite Starter Kit -Blue	59	Symproic	119	Targretin	76
Subvenite Starter Kit -Green	59	Symtuza	83	Tarina 24 Fe	132
Subvenite Starter Kit -Orange	59	Synalar	112	Tarina Fe 1/20 EQ	132
Sucraid	123	Synarel	135	Tarpeyo	143
Sucrafate	121	Synjardy	89	Tascenso ODT	107
Suflave	120	Synjardy XR	89	Tasigna	75
Sular	97	Synthroid	134	Tasimelteon	155
Sulfacetamide Sodium	146	Syprine	117	Tasmar	77
Sulfacetamide -Prednisolone	145	T		Tavaborole	115
Sulfadiazine	56	TARGADOX	57	Tavalisse	94

Tavneos	138	Tetracycline HCl	57	Tiopronin	125
Tazarotene	109	Texacort	112	Tirosint	134
Tazicef	54	Tezspire	138	Tirosint -SOL	134
Tazorac	109	Thalitone	101	Tivicay	81
Tecfidera	107	Thalomid	70	Tivicay PD	81
Teflaro	54	Theo -24	152	Tizanidine HCl	80
Tegretol	61	Theophylline	152	Tlando	128
Tegretol XR	61	Theophylline ER	152	Tobi	152
Tekturna	100	Thiola	125	Tobi Podhaler	152
Telmisartan	95	Thiola EC	125	TobraDex	145
Telmisartan -Amlodipine	100	Thioridazine HCl	78	TobraDex ST	145
Telmisartan -HCTZ	100	Thiothixene	78	Tobramycin	152
Temazepam	155	Thyquidity	134	Tobramycin Sulfate	51
Tencon	50	Tiadyt ER	98	Tobramycin -Dexamethasone	145
Tenivac	142	Tiagabine HCl	60	Tobrex	146
Tenofovir Disoproxil Fumarate	82	Tiazac	98	Tofacitinib Citrate	138
Tenormin	97	Tibsovo	75	Tofacitinib Citrate ER	138
Tepmetko	75	Ticagrelor	94	Tolcapone	77
Terazosin HCl	125	Ticovac	142	Tolectin 600	46
Terbinafine HCl	67	Tigecycline	52	Tolectin DS	46
Terbutaline Sulfate	151	Tiglutik	106	Tolmetin Sodium	47
Terconazole	67	Tikosyn	96	Tolsura	67
Teriflunomide	108	Tilia Fe	132	Tolterodine Tartrate	124
Teriparatide	144	Timolol Hemihydrate	147	Tolterodine Tartrate ER	124
Testim	128	Timolol Maleate	148	Tolvaptan	118
Testosterone	128	Timolol Maleate Ophthalmic Gel Forming	147	Tonmya	106
Testosterone Cypionate	128	Timolol Maleate PF	148	Topamax	59
Testosterone Enanthate	128	Timoptic Ocudose	148	Topamax Sprinkle	59
Tetrabenazine	106	Tinidazole	53	Topicort	112

Topicort Spray	112	Tremfya One -Press	138	Trijardy XR	89
Topiramate	59	Tremfya Pen	138	Trikafta	152
Topiramate ER	59	Tremfya -Crohn's Disease/Ulcerative Colitis Induction	138	Trileptal	61
Toprol XL	97	Tresiba	91	Trilitas	109
Toremifene Citrate	71	Tresiba FlexTouch	91	Trimethobenzamide HCl	66
Torpenz	75	Tretinoin	109	Trimethoprim	53
Torseamide	100	Tretinoin Microsphere	109	Trimipramine Maleate	65
Tosymra	69	Tretinoin Microsphere Pump	109	Trintellix	64
Toujeo Max SoloStar	91	Trexall	141	Triumeq	82
Toujeo SoloStar	91	Treximet	69	Triumeq PD	83
Tovet	112	Tri -Estarylla	132	Trokendi XR	59
Toviaz	124	Tri -Legest Fe	132	TrophAmine	117
Tracleer	153	Tri -Lo -Estarylla	132	Trospium Chloride	124
Tradjenta	89	Tri -Lo -Sprintec	132	Trospium Chloride ER	124
Tramadol HCl	50	Tri -Mili	132	Trudhesa	68
Tramadol HCl ER	48	Tri -Sprintec	132	Trulance	119
Tramadol -Acetaminophen	50	Tri -VyLibra	132	Trulicity	89
Trandolapril	95	Tri -VyLibra Lo	132	Trumenba	142
Trandolapril -Verapamil HCl ER	100	Triamcinolone Acetonide	112	Truqap	75
Tranexamic Acid	94	Triamterene	100	Truvada	83
Transderm Scop	66	Triamterene -HCTZ	100	Tryngolza	102
Tranylcypromine Sulfate	63	Triazolam	155	Trypyr	145
Travasol	117	Tribenzor	100	Tryvio	100
Travatan Z	148	Triderm	112	Tudorza Pressair	151
Travoprost	148	Trientine HCl	118	Tukysa	75
Trazodone HCl	64	Trifluoperazine HCl	78	Turalio	75
Trelegy Ellipta	154	Trifluridine	146	Turqoz	132
Trelstar Mixject	135	Trihexyphenidyl HCl	77	Twinrix	142
Tremfya	138			Twirla	132

Twynéo	109	Vabrinty	135	Vaxchora	142
Tyblume	132	Vagifem	132	Vecamyl	100
Tydemy	132	Valacyclovir HCl	81	Vectical	113
Tyenne	138	Valchlor	70	Velivet	132
Tygacil	53	Valcyte	80	Velphoro	118
Tykerb	75	Valganciclovir HCl	80	Velsipity	138
Tymlos	144	Valium	85	Veltassa	118
Typhim VI	142	Valproic Acid	59	Vemlidy	80
Tyrvaya	145	Valsartan	95	Venclexta	75
Tyvaso DPI Maintenance Kit	153	Valsartan -Hydrochlorothiazide	100	Venclexta Starting Pack	75
Tyvaso DPI Titration Kit	153	Valtoco 10MG Dose	60	Venlafaxine Besylate ER	64
Tyzavan	53	Valtoco 15MG Dose	60	Venlafaxine HCl	65
U					
Ubrelvy	68	Valtoco 20MG Dose	60	Venlafaxine HCl ER	65
Uceris	143	Valtoco 5MG Dose	60	Ventolin HFA	151
Udenyca	94	Valtrex	81	Venxxiva	125
Uloric	68	Valtya 1/35	132	Veozah	106
Ultravate	112	Valtya 1/50	132	Verapamil HCl	98
Unasyn	55	Vancocin	53	Verapamil HCl ER	98
Unithroid	134	Vancomycin HCl	53	Veregen	113
Uptravi	153	Vandazole	53	Verkazia	145
Uptravi Titration	153	Vanflyta	75	Verquvo	103
Urocit -K 10	117	Vanrafia	125	Versacloz	79
Urocit -K 15	117	Vaqta	142	Verzenio	75
Uroxatral	125	Varenicline Tartrate	51	Vestura	132
Ursodiol	120	Varivax	142	Vevye	145
Uzeddy	86	Varubi	66	Vfend	67
V					
Vabomere	55	Vascepa	102	Vfend IV	67
		Vaseretic	100	Viberzi	119
		Vasotec	95	Victoza	89

Vienna	132	Vowst	120	Wymzya Fe	133
Vigabatrin	60	Voxzogo	123	X	
Vigadrone	60	Voydeya	94	Xaciato	53
Vigafyde	60	Voyxact	141	Xalatan	148
Vigamox	146	Vraylar	79	Xalkori	75
Viibryd	65	Vtama	113	Xanax	85
Vijoice	144	Vumerity	108	Xanax XR	85
Vilazodone HCl	65	VyLibra	133	Xarah Fe	133
Vimkunya	142	Vyfemla	133	Xarelto	92
Vimpat	62	Vykat XR	144	Xarelto Starter Pack	92
Viokace	123	Vyndamax	123	Xatmep	141
Viorele	132	Vyscoxa	47	Xcopri	62
Viracept	83	Vytorin	102	Xdemvy	146
Viread	83	Vyvanse	104	Xeljanz	138
Vitrakvi	75	Vyvgart Hytrulo	69	Xeljanz XR	138
Vivelle -Dot	132	Vyzulta	148	Xelria Fe	133
Vivitrol	50	W		Xelstrym	104
Vivjoa	67	Wainua	124	Xenazine	106
Vivotif	142	Wakix	156	Xerese	113
Vogelxo	128	Warfarin Sodium	92	Xermelo	119
Vogelxo Pump	128	Wayrilz	94	Xhance	150
Vonjo	71	Wegovy	144	Xifaxan	53
Voquezna	121	Welchol	102	Xigduo XR	89
Voquezna Dual Pak	120	Welireg	124	Xiidra	145
Voquezna Triple Pak	120	Wellbutrin SR	63	Xocova	84
Voranigo	75	Wellbutrin XL	63	Xofluza	84
Voriconazole	67	Winlevi	109	Xolair	138
Vosevi	81	Winrevair	153	Xolremdi	94
Votrient	75	Wixela Inhub	154	Xopenex HFA	151

Xospata	75	Zaleplon	155	Zidovudine	83
Xpovio	76	Zanaflex	80	Ziextenzo	94
Xromi	94	Zarontin	59	Zilbrysq	139
Xtampza ER	48	Zarxio	94	Zileuton ER	150
Xtandi	70	Zavesca	124	Zilxi	115
Xtoro	149	Zavzpret	68	Zioptan	148
Xulane	133	Zejula	76	Ziprasidone HCl	86
Xultophy	89	Zelapar ODT	78	Ziprasidone Mesylate	86
Xyosted	128	Zelboraf	76	Zipsor	47
Xyrem	156	Zelsuvmi	115	Zirgan	80
Xywav	156	Zelvysia	124	Zithromax	56
Y		Zemaira	124	Zithromax Tri -Pak	56
YAZ	133	Zembrace SymTouch	69	Zithromax Z -Pak	56
YF -VAX	142	Zenatane	109	Zituvimet	89
Yargesa	124	Zenbexus	71	Zituvimet XR	89
Yasmin 28	133	Zenpep	124	Zituvio	89
Yesintek	139	Zenzedi	104	Zocor	101
Yimmugo	136	Zepbound KwikPen	145	Zokinvy	124
Yonsa	70	Zeposia	108	Zolinza	71
Yorvipath	144	Zeposia 7 -Day Starter Pack	108	Zolmitriptan	69
Yulithira	76	Zeposia Starter Kit	108	Zolmitriptan ODT	69
Yupelri	151	Zerbaxa	54	Zoloft	65
Yutrepia	153	Zerviate	146	Zolpidem Tartrate	155
Yuvaferm	133	Zestoretic	100	Zolpidem Tartrate ER	155
Yuviwel	124	Zestril	95	Zolymbus	148
Z		Zetia	102	Zomacton	127
ZTlido	50	Zevtera	54	Zomig	69
Zafemy	133	Ziagen	83	Zonalon	112
Zafirlukast	150	Ziana	109	Zonegran	62

Zonisade	62
Zonisamide	62
Zortress	141
Zoryve	113
Zosyn	55
Zovia 1/35	133
Zovirax	81
Ztalmy	60
Zubsolv	51
Zunveyl	62
Zurnai	51
Zurzuvaæ	63
Zybic	47
Zyclara Pump	113
Zykadia	76
Zylet	146
Zymfentra	141
Zypitamag	101
Zyprexa	86
Zyprexa Zydys	86
Zytiga	70
Zyvox	53

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-44.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 157-223.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Arthrotec (Oral Tablet Delayed Release)	B	3	
Cambia (Oral Packet)	B	3	
Celebrex (Oral Capsule)	B	3	QL
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	B	3	PA; QL
Diclofenac Potassium (Oral Capsule)	G	1	ST
Diclofenac Potassium (Oral Tablet)	G	1	
Diclofenac Potassium (Oral Packet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (External Solution)	G	1	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Dolobid (Oral Tablet)	B	4	
Elyxyb (Oral Solution)	B	3	PA; QL
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Fenoprofen Calcium (300MG Oral Capsule)	G	1	ST
Fenoprofen Calcium (400MG Oral Capsule)	G	1	
Fenopron (Oral Capsule)	G	1	ST
Flector (External Patch)	B	3	PA; QL
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (100MG/5ML Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ibuprofen-Famotidine (Oral Tablet)	G	1	PA
Indocin (Oral Suspension)	B	4	HRM
Indocin (Rectal Suppository)	B	4	
Indomethacin ER (Oral Capsule Extended Release)	G	1	HRM
Indomethacin (Oral Capsule Immediate Release)	G	1	HRM
Indomethacin (Oral Suspension)	G	1	HRM
Indomethacin (50MG Rectal Suppository)	G	1	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (Oral Tablet)	G	1	HRM
Licart (External Patch 24 Hour)	B	3	PA; QL
Lodine (Oral Tablet)	B	4	
Lofena (Oral Tablet)	B	4	ST
Lurbiro (Oral Tablet)	B	4	ST
Meclofenamate Sodium (Oral Capsule)	G	1	
Mefenamic Acid (Oral Capsule)	G	1	
Meloxicam (Oral Capsule)	G	1	QL
Meloxicam (Oral Suspension)	B	4	PA; QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naprelan (Oral Tablet Extended Release 24 Hour)	B	4	
Naproxen DR (Oral Tablet Delayed Release)	G	1	
Naproxen (Oral Suspension)	G	1	QL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	1	PA
Oxaprozin (Oral Tablet)	G	1	
Piroxicam (Oral Capsule)	G	1	
Relafen DS (Oral Tablet)	B	4	ST
Sprix (Nasal Solution)	B	4	
Sulindac (Oral Tablet)	G	1	
Tolectin 600 (Oral Tablet)	B	4	ST
Tolectin DS (Oral Capsule)	B	4	ST

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tolmetin Sodium (600MG Oral Tablet)	G	1	
Vyscoxa (Oral Suspension)	B	4	ST; QL
Zipsor (Oral Capsule)	B	4	ST
Zybic (Oral Suspension)	B	4	PA; QL
Opioid Analgesics, Long-acting			
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 600MCG Buccal Film, 75MCG Buccal Film)	B	3	PA; 7D; DL; QL
Belbuca (750MCG Buccal Film, 900MCG Buccal Film)	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Butrans (Transdermal Patch Weekly)	B	3	7D; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release)	B	3	7D; MME; DL; QL
MS Contin (60MG Oral Tablet Extended Release)	B	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour)	B	4	PA; 7D; MME; DL; QL
Nucynta ER (50MG Oral Tablet Extended Release 12 Hour)	B	3	PA; 7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Tapentadol HCl ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour)	B	4	PA; 7D; MME; DL; QL
Tapentadol HCl ER (50MG Oral Tablet Extended Release 12 Hour)	B	3	PA; 7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Allzital (Oral Tablet)	B	3	HRM; QL
Ascomp-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Butalbital-Acetaminophen (Oral Capsule)	G	1	HRM; QL
Butalbital-Acetaminophen (Oral Tablet)	G	1	HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	G	1	HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	HRM; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	HRM; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	G	1	7D; MME; DL; QL
Demerol (25MG/ML Injection Solution, 50MG/ML Injection Solution)	B	3	HRM; 7D; DL
Dilaudid (Oral Liquid)	B	3	7D; MME; DL; QL
Dilaudid (Oral Tablet)	B	3	7D; MME; DL; QL
Fioricet (Oral Capsule)	B	3	HRM; QL
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Meperidine HCl (Injection Solution)	G	1	HRM; 7D; DL
Meperidine HCl (Oral Solution)	G	1	HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Nalocet (Oral Tablet)	B	4	7D; MME; DL; QL
Nucynta (100MG Oral Tablet, 75MG Oral Tablet)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet)	B	3	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Abuse-Deterrent, 15MG Oral Tablet Abuse-Deterrent, 30MG Oral Tablet Abuse-Deterrent, 5MG Oral Tablet Abuse-Deterrent)	B	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	B	4	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Pentazocine-Naloxone HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	B	4	7D; MME; DL; QL
Prolate (Oral Solution)	B	4	7D; MME; DL; QL
Prolate (Oral Tablet)	B	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet)	B	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	B	4	7D; MME; DL; QL
RoxyBond (Oral Tablet Abuse-Deterrent)	B	4	7D; MME; DL; QL
Tapentadol HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Tencon (Oral Tablet)	B	3	HRM; QL
Tramadol HCl (100MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Lidocan (External Patch)	B	4	PA; QL
ZTIido (External Patch)	B	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitol (Intramuscular Suspension Reconstituted)	B	4	
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lofexidine HCl (Oral Tablet)	G	1	QL
Suboxone (Sublingual Film)	B	3	
Zubsolv (Tablet Sublingual)	B	3	
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	2	
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Opvee (Nasal Solution)	B	3	
Rezenopy (Nasal Liquid)	B	3	ST
Zurnai (Injection Solution Auto-Injector)	B	3	ST
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	3	
Chantix (Oral Tablet)	B	3	
Chantix Starting Month Pak (Oral Tablet Therapy Pack)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
Varenicline Tartrate (Continuing Month Box) (Oral Tablet)	G	1	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Arikayce (Inhalation Suspension)	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Humatin (Oral Capsule)	B	4	
Neomycin Sulfate (Oral Tablet)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Azactam (2GM Injection Solution Reconstituted)	B	3	
Aztreonam (Injection Solution Reconstituted)	G	1	
Blujepa (Oral Tablet)	B	4	
Cleocin (Oral Solution Reconstituted)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cleocin (Vaginal Cream)	B	3	
Cleocin (Vaginal Suppository)	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Dalbavancin HCl (Intravenous Solution Reconstituted)	G	1	PA
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	1	
Firvanq (Oral Solution Reconstituted)	B	3	
Fosfomycin Tromethamine (Oral Packet)	G	1	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	QL
Linezolid (Oral Tablet)	G	1	QL
Macrobid (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	1	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	
Metronidazole (External Lotion)	G	1	
Metronidazole (Intravenous Solution)	G	1	
Metronidazole (Oral Capsule)	G	1	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	1	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (25MG/5ML Oral Suspension)	G	1	HRM
Noritate (External Cream)	B	4	
Nuessa (Vaginal Gel)	B	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
Sivextro (Intravenous Solution Reconstituted)	B	4	PA
Sivextro (Oral Tablet)	B	4	PA
Solosec (Oral Packet)	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Tygacil (Intravenous Solution Reconstituted)	B	3	
Tyzavan (1000MG/200ML Intravenous Solution)	B	3	
Vancocin (Oral Capsule)	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (250MG/5ML Oral Solution Reconstituted, 25MG/ML Oral Solution Reconstituted)	G	1	
Vandazole (Vaginal Gel)	B	3	
Xaciatto (Vaginal Gel)	B	3	
Xifaxan (Oral Tablet)	B	2	PA
Zyvox (Intravenous Solution)	B	3	
Zyvox (100MG/5ML Oral Suspension Reconstituted)	B	3	QL
Beta-lactam, Cephalosporins			
Avycaz (Intravenous Solution Reconstituted)	B	4	PA
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	G	1	
Cefaclor (Oral Capsule)	G	1	
Cefaclor (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Tablet)	G	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefixime (Oral Tablet)	B	3	
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefprozil (Oral Tablet)	G	1	
Ceftaroline Fosamil (Intravenous Solution Reconstituted)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	4	
Zerbaxa (Intravenous Solution Reconstituted)	B	4	PA
Zevtera (Intravenous Solution Reconstituted)	B	4	
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Augmentin ES-600 (Oral Suspension Reconstituted)	B	3	
Augmentin (Oral Suspension Reconstituted)	B	4	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	3	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	3	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium in Dextrose (Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	1	
Unasyn (3 (2-1)GM Injection Solution Reconstituted)	B	3	
Unasyn (Intravenous Solution Reconstituted)	B	3	
Zosyn (2-0.25GM/50ML Intravenous Solution)	B	3	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	1	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Difcid (Oral Suspension Reconstituted)	B	4	
Difcid (Oral Tablet)	B	4	
E.E.S. 400 (Oral Tablet)	B	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	B	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
Fidaxomicin (Oral Tablet)	G	1	
Zithromax (200MG/5ML Oral Suspension Reconstituted)	B	3	
Zithromax Tri-Pak (Oral Tablet)	B	3	
Zithromax Z-Pak (Oral Tablet)	B	3	
Quinolones			
Baxdela (Intravenous Solution Reconstituted)	B	4	
Baxdela (Oral Tablet)	B	4	
Cipro (Oral Suspension Reconstituted)	B	3	
Cipro (Oral Tablet Immediate Release)	B	3	
Ciprofloxacin HCl (Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (Oral Solution)	G	1	
Levofloxacin (Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
Sulfonamides			
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	
Doryx MPC (Oral Tablet Delayed Release)	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Hyclate (Oral Tablet Immediate Release)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	G	1	
Doxycycline Monohydrate (Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (Oral Tablet)	G	1	
Doxycycline (Oral Capsule Delayed Release)	G	1	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
Nuzyra (Intravenous Solution Reconstituted)	B	4	PA
Nuzyra (Oral Tablet)	B	4	PA; QL
Oracea (Oral Capsule Delayed Release)	B	3	
Seysara (Oral Tablet)	B	4	
TARGADOX (Oral Tablet)	B	3	
Tetracycline HCl (Oral Capsule)	G	1	
Anticonvulsants			
Anticonvulsants, Other			
Brivaracetam (Oral Solution)	G	1	PA; QL
Brivaracetam (Oral Tablet)	G	1	PA; QL
BRIVIACT (Oral Solution)	B	4	PA; QL
BRIVIACT (Oral Tablet)	B	4	PA; QL
Epidiolex (Oral Solution)	B	4	PA
Eprontia (Oral Solution)	B	3	ST
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Felbatol (Oral Tablet)	B	4	
Fintepla (Oral Solution)	B	4	PA; QL
Keppra (Oral Solution)	B	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	B	4	
Keppra (250MG Oral Tablet Immediate Release)	B	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal ODT (Oral Tablet Dispersible)	B	4	
Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	B	3	
Lamictal (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	B	4	
Lamictal Starter (Oral Kit)	B	3	
Lamictal XR (Oral Kit)	B	3	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal XR (25MG Oral Tablet Extended Release 24 Hour)	B	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible Kit)	G	1	
Lamotrigine (Oral Tablet Immediate Release)	G	1	
Lamotrigine (Oral Tablet Chewable)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible)	G	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	1	
Lamotrigine Starter Kit-Green (Oral Kit)	G	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (100MG/ML Oral Solution)	G	1	
Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	3	QL
Perampanel (Oral Suspension)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Perampanel (Oral Tablet)	G	1	QL
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	3	QL
Subvenite (Oral Suspension)	B	3	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	1	
Subvenite Starter Kit-Blue (Oral Kit)	G	1	
Subvenite Starter Kit-Green (Oral Kit)	G	1	
Subvenite Starter Kit-Orange (Oral Kit)	G	1	
Topamax (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Topamax (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Topamax Sprinkle (Oral Capsule Sprinkle)	B	4	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	1	PA; QL
Topiramate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (25MG/ML Oral Solution)	G	1	ST
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA; QL
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (250MG/5ML Oral Solution)	G	1	
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	B	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	4	PA; QL
Diacomit (Oral Packet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (100MG Oral Capsule, 300MG Oral Capsule, 400MG Oral Capsule)	G	1	
Gabapentin (200MG Oral Capsule)	G	1	PA
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Mysoline (Oral Tablet)	B	4	
Nayzilam (Nasal Solution)	B	3	PA; QL
Neurontin (Oral Capsule)	B	3	
Neurontin (Oral Solution)	B	3	
Neurontin (Oral Tablet)	B	4	
Onfi (Oral Suspension)	B	4	PA; QL
Onfi (Oral Tablet)	B	4	PA; QL
Phenobarbital (20MG/5ML Oral Elixir)	G	1	HRM
Phenobarbital (Oral Tablet)	G	1	HRM
Primidone (Oral Tablet)	G	1	
Relgaabi (Oral Capsule)	B	4	PA
Sabril (Oral Packet)	B	4	PA; QL
Sabril (Oral Tablet)	B	4	PA; QL
Sympazan (10MG Oral Film, 20MG Oral Film)	B	4	PA; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	3	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	3	PA; QL
Vigabatrin (Oral Packet)	G	1	PA; QL
Vigabatrin (Oral Tablet)	G	1	PA; QL
Vigadrone (Oral Packet)	B	4	PA; QL
Vigadrone (Oral Tablet)	B	4	PA; QL
Vigafyde (Oral Solution)	B	4	PA
Ztalmy (Oral Suspension)	B	4	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	PA
Banzel (Oral Tablet)	B	4	PA

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (100MG/5ML Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Carbatrol (Oral Capsule Extended Release 12 Hour)	B	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	2	
Dilantin (Oral Capsule)	B	2	
Dilantin-125 (Oral Suspension)	B	3	
Eslicarbazepine Acetate (Oral Tablet)	G	1	QL
Lacosamide (10MG/ML Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA; QL
Oxcarbazepine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet Immediate Release)	G	1	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	B	3	
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	B	4	
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (100MG Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	PA
Rufinamide (Oral Tablet)	G	1	PA
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	B	3	
Trileptal (Oral Suspension)	B	4	
Trileptal (150MG Oral Tablet, 300MG Oral Tablet)	B	3	
Trileptal (600MG Oral Tablet)	B	4	
Vimpat (Oral Solution)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Vimpat (50MG Oral Tablet)	B	3	QL
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	4	QL
Xcopri (Oral Tablet)	B	4	QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	3	QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	4	QL
Zonegran (Oral Capsule)	B	4	
Zonisade (Oral Suspension)	B	3	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Leqembi IQLIK (500MG Dose) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Memantine HCl-Donpezil HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
Aricept (Oral Tablet)	B	3	QL
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Exelon (Transdermal Patch 24 Hour)	B	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Galantamine Hydrobromide (Oral Solution)	G	1	QL
Galantamine Hydrobromide (Oral Tablet)	G	1	QL
Rivastigmine Tartrate (Oral Capsule)	G	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
Zunveyl (Oral Tablet Delayed Release)	B	3	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	1	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	4	
Auvelity (Oral Tablet Extended Release)	B	4	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	B	3	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Perphenazine-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Zuruvae (Oral Capsule)	B	4	PA; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	PA; QL
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Celexa (Oral Tablet)	B	3	
Citalopram Hydrobromide (Oral Capsule)	B	1	
Citalopram Hydrobromide (10MG/5ML Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	QL
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	QL
Effexor XR (Oral Capsule Extended Release 24 Hour)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Exxua (Oral Tablet Extended Release 24 Hour)	B	4	QL
Exxua Titration Pack (Oral Tablet Extended Release 24 Hour)	B	4	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST; QL
Fluoxetine HCl (PMDD) (Oral Tablet)	G	1	
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (Oral Capsule Delayed Release)	G	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	
Fluoxetine HCl (Oral Tablet)	G	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Lexapro (Oral Tablet)	B	3	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; HRM
Paroxetine HCl (Oral Suspension)	G	1	PA; HRM
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
Paroxetine Mesylate (Oral Capsule)	G	1	PA; HRM
Paxil CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; HRM
Paxil (Oral Tablet Immediate Release)	B	3	PA; HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	QL
Raldesy (Oral Solution)	B	3	
Sertraline HCl (Oral Capsule)	G	1	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 300MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	2	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	3	PA; QL
Vilazodone HCl (Oral Tablet)	G	1	PA; QL
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	PA; HRM
Amoxapine (Oral Tablet)	G	1	PA; HRM
Anafranil (Oral Capsule)	B	4	PA; HRM
Clomipramine HCl (Oral Capsule)	G	1	PA; HRM
Desipramine HCl (Oral Tablet)	G	1	PA; HRM
Doxepin HCl (Oral Capsule)	G	1	PA; HRM
Doxepin HCl (Oral Concentrate)	G	1	PA; HRM
Imipramine HCl (Oral Tablet)	G	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	1	PA; HRM
Protriptyline HCl (Oral Tablet)	G	1	HRM
Trimipramine Maleate (Oral Capsule)	G	1	HRM
Antiemetics			
Antiemetics, Other			
Bonjesta (Oral Tablet Extended Release)	B	3	PA; HRM
Compro (Rectal Suppository)	B	3	PA
Diclegis (Oral Tablet Delayed Release)	B	3	PA; HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	PA; HRM
Gimoti (Nasal Solution)	B	4	PA
Meclizine HCl (Oral Tablet)	G	1	PA; HRM
Meclizine HCl (Oral Tablet Chewable)	G	1	PA; HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Perphenazine (Oral Tablet)	G	1	PA
Prochlorperazine Maleate (Oral Tablet)	G	1	PA
Prochlorperazine (Rectal Suppository)	G	1	PA
Promethazine HCl (6.25MG/5ML Oral Solution)	G	1	PA; HRM
Promethazine HCl (Oral Tablet)	G	1	PA; HRM
Promethazine HCl (Rectal Suppository)	G	1	PA; HRM; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	B	3	PA; HRM; QL
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	1	PA; HRM
Transderm Scop (Transdermal Patch 72 Hour)	B	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D,PA; QL
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Capsule)	G	1	PA; QL
Aprepitant (Oral Capsule Therapy Pack)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Emend BiPack (Oral Capsule)	B	4	PA; QL
Emend (Oral Suspension Reconstituted)	B	3	PA; QL
Emend TriPack (Oral Capsule Therapy Pack)	B	4	PA; QL
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Granisol (Oral Solution)	B	4	B/D,PA; QL
Marinol (Oral Capsule)	B	3	PA
Nereus (Oral Capsule)	B	4	PA; QL
Ondansetron HCl (4MG/5ML Oral Solution)	G	1	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	1	B/D,PA; QL
Sancuso (Transdermal Patch)	B	4	QL
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D,PA; QL
Antifungals			
Antifungals			
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA
Ancobon (Oral Capsule)	B	4	PA
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresamba (Oral Capsule)	B	4	PA
Diflucan (Oral Suspension Reconstituted)	B	3	
Eraxis (Intravenous Solution Reconstituted)	B	3	
Exelderm (External Cream)	B	3	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	PA
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Gynazole-1 (Vaginal Cream)	B	3	
Itraconazole (Oral Capsule)	G	1	PA; QL
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Packet)	B	4	PA; QL
Nystatin (100000UNIT/ML Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; QL
Terbinafine HCl (Oral Tablet)	G	1	QL
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Tolsura (Oral Capsule)	B	4	PA; QL
Vfend IV (Intravenous Solution Reconstituted)	B	3	PA
Vfend (Oral Suspension Reconstituted)	B	4	QL
Vivjoa (Oral Capsule Therapy Pack)	B	3	PA
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA
Voriconazole (Oral Suspension Reconstituted)	G	1	QL
Voriconazole (Oral Tablet)	G	1	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Generic Mitigare)	G	1	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	QL
Colchicine-Probenecid (Oral Tablet)	G	1	
Febuxostat (Oral Tablet)	G	1	ST
Gloperba (Oral Solution)	B	3	PA; QL
Mitigare (Oral Capsule)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Probenecid (Oral Tablet)	G	1	
Uloric (Oral Tablet)	B	3	ST
Antimigraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Aimovig (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Qulipta (Oral Tablet)	B	4	PA; QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zavzpret (Nasal Solution)	B	4	PA; QL
Ergot Alkaloids			
Brekiya (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Cafergot (Oral Tablet)	B	3	
Dihydroergotamine Mesylate (Nasal Solution)	G	1	QL
Ergomar (Tablet Sublingual)	B	4	
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	B	4	
Trudhesa (Nasal Aerosol Solution)	B	4	QL
Serotonin (5-HT) Receptor Agonist			
Almotriptan Malate (Oral Tablet)	G	1	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
Frovatriptan Succinate (Oral Tablet)	G	1	QL
Imitrex (Oral Tablet)	B	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	3	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
Onzetra Xsail (Nasal Exhaler Powder)	B	3	QL
Relpax (Oral Tablet)	B	3	QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL
Symbravo (Oral Tablet)	B	4	ST; QL
Tosymra (Nasal Solution)	B	3	QL
Treximet (Oral Tablet)	B	4	QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (Nasal Solution)	G	1	QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
Zomig (Nasal Solution)	B	3	QL
Zomig (2.5MG Oral Tablet)	B	3	QL
Zomig (5MG Oral Tablet)	B	4	QL
Antimyasthenic Agents			
Parasympathomimetics			
Mestinon (Oral Solution)	B	4	
Mestinon (Oral Tablet Immediate Release)	B	4	
Mestinon (Oral Tablet Extended Release)	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	G	1	
Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Emrosi (Oral Capsule Extended Release 24 Hour)	B	4	PA
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Cycloserine (Oral Capsule)	G	1	
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Pretomanid (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Priftin (Oral Tablet)	B	3	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	
Rifampin (Oral Capsule)	G	1	
Rifapentine (Oral Tablet)	G	1	
Sirturo (Oral Tablet)	B	4	PA
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	2	B/D,PA
Gleostine (100MG Oral Capsule, 40MG Oral Capsule)	B	4	
Gleostine (10MG Oral Capsule)	B	3	
Leukeran (Oral Tablet)	B	4	
Lomustine (Oral Capsule)	G	1	
Matulane (Oral Capsule)	B	4	
Valchlor (External Gel)	B	4	PA; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	QL
Abirtega (Oral Tablet)	G	1	QL
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA; QL
Eulexin (Oral Capsule)	B	3	
Nilutamide (Oral Tablet)	G	1	
Nubeqa (Oral Tablet)	B	4	PA; QL
Xtandi (Oral Capsule)	B	4	PA; QL
Xtandi (Oral Tablet)	B	4	PA; QL
Yonsa (Oral Tablet)	B	4	PA; QL
Zytiga (Oral Tablet)	B	4	PA; QL
Antiangiogenic Agents			
Lenalidomide (Oral Capsule)	G	1	PA; QL
Pomalidomide (Oral Capsule)	G	1	PA; QL
Pomalyst (Oral Capsule)	B	4	PA; QL
Revlimid (Oral Capsule)	B	4	PA; QL
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Inluriyo (Oral Tablet)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orserdu (Oral Tablet)	B	4	PA; QL
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
Antimetabolites			
Hydrea (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Suspension)	G	1	PA
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	4	PA; QL
Purixan (Oral Suspension)	B	4	PA
Tabloid (Oral Tablet)	B	4	PA
Antineoplastics, Other			
Akeega (Oral Tablet)	B	4	PA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Iwilfin (Oral Tablet)	B	4	PA; QL
Komzifti (Oral Capsule)	B	4	PA; QL
Lazcluze (Oral Tablet)	B	4	PA; QL
Lonsurf (Oral Tablet)	B	4	PA; QL
Lysodren (Oral Tablet)	B	4	
Modeyso (Oral Capsule)	B	4	PA; QL
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	B	4	PA; QL
Orgovyx (Oral Tablet)	B	4	PA; QL
Revuforj (Oral Tablet)	B	4	PA; QL
Vonjo (Oral Capsule)	B	4	PA; QL
Zenbexus (Oral Capsule)	B	4	PA; QL
Zolinza (Oral Capsule)	B	4	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Arimidex (Oral Tablet)	B	4	
Aromasin (Oral Tablet)	B	4	
Exemestane (Oral Tablet)	G	1	
Femara (Oral Tablet)	B	3	
Letrozole (Oral Tablet)	G	1	
Enzyme Inhibitors			
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	4	PA; QL
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alecensa (Oral Capsule)	B	4	PA; QL
Alunbrig (Oral Tablet)	B	4	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; QL
Augtyro (Oral Capsule)	B	4	PA; QL
Ayvakit (Oral Tablet)	B	4	PA; QL
Balversa (Oral Tablet)	B	4	PA; QL
Bosulif (Oral Capsule)	B	4	PA; QL
Bosulif (Oral Tablet)	B	4	PA; QL
Bosutinib (400MG Oral Tablet)	G	1	PA; QL
Braftovi (Oral Capsule)	B	4	PA
Brukinsa (Oral Tablet)	B	4	PA; QL
Cabometyx (Oral Tablet)	B	4	PA; QL
Calquence (Oral Tablet)	B	4	PA; QL
Caprelsa (Oral Tablet)	B	4	PA
Cometriq (100MG Daily Dose) (Oral Kit)	B	4	PA; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA; QL
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA; QL
Danziten (Oral Tablet)	B	4	PA; QL
Dasatinib (Oral Tablet)	G	1	PA; QL
Daurismo (Oral Tablet)	B	4	PA; QL
Ensacove (Oral Capsule)	B	4	PA; QL
Erivedge (Oral Capsule)	B	4	PA
Erlotinib HCl (Oral Tablet)	G	1	PA; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA
Everolimus (Oral Tablet Soluble)	G	1	PA
Fotivda (Oral Capsule)	B	4	PA; QL
Fruzaqla (Oral Capsule)	B	4	PA; QL
Gavreto (Oral Capsule)	B	4	PA; QL
Gefitinib (Oral Tablet)	G	1	PA; QL
Gilotrif (Oral Tablet)	B	4	PA
Gleevec (Oral Tablet)	B	4	PA; QL
Gomekli (Oral Capsule)	B	4	PA; QL
Gomekli (Oral Tablet Soluble)	B	4	PA; QL
Hernexeos (Oral Tablet)	B	4	PA; QL
Hyrnuo (Oral Tablet)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ibrance (125MG Oral Capsule)	B	4	PA; QL
Ibrance (Oral Tablet)	B	4	PA; QL
Ibuprofen (Oral Capsule)	B	4	PA; QL
Iclusig (Oral Tablet)	B	4	PA; QL
IDHIFA (Oral Tablet)	B	4	PA; QL
Imatinib Mesylate (Oral Tablet)	G	1	QL
Imbruvica (Oral Capsule)	B	4	PA; QL
Imbruvica (Oral Suspension)	B	4	PA; QL
Imbruvica (Oral Tablet)	B	4	PA; QL
Imkeldi (Oral Solution)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA; QL
Itovebi (Oral Tablet)	B	4	PA; QL
Jakafi (Oral Tablet)	B	4	PA; QL
Jakafi XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Jaypirca (Oral Tablet)	B	4	PA; QL
Jideytro (Oral Tablet)	B	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA; QL
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA; QL
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA; QL
Koselugo (Oral Capsule)	B	4	PA; QL
Koselugo (Oral Capsule Sprinkle)	B	4	PA; QL
Krazati (Oral Tablet)	B	4	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)	B	4	PA; QL
Lorbrena (Oral Tablet)	B	4	PA; QL
Lumakras (Oral Tablet)	B	4	PA; QL
Lynparza (Oral Tablet)	B	4	PA; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Mekinist (Oral Solution Reconstituted)	B	4	PA
Mekinist (Oral Tablet)	B	4	PA
Mektovi (Oral Tablet)	B	4	PA
Nerlynx (Oral Tablet)	B	4	PA; QL
Nexavar (Oral Tablet)	B	4	PA
Nilotinib HCl (Oral Capsule) (Generic Tasigna)	G	1	PA; QL
Ninlaro (Oral Capsule)	B	4	PA; QL
Odomzo (Oral Capsule)	B	4	PA
Ojemda (Oral Suspension Reconstituted)	B	4	PA; QL
Ojemda (Oral Tablet)	B	4	PA; QL
Ojjaara (Oral Tablet)	B	4	PA; QL
Pazopanib HCl (200MG Oral Tablet)	G	1	PA; QL
Pemazyre (Oral Tablet)	B	4	PA; QL
Phyrago (Oral Tablet)	B	4	PA; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Qinlock (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Tablet)	B	4	PA; QL
Rezlidhia (Oral Capsule)	B	4	PA; QL
Romvimza (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Packet)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA; QL
Rydapt (Oral Capsule)	B	4	PA; QL
Scemblix (Oral Tablet)	B	4	PA; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA
Sprycel (Oral Tablet)	B	4	PA; QL
Stivarga (Oral Tablet)	B	4	PA; QL
Sunitinib Malate (Oral Capsule)	G	1	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sutent (Oral Capsule)	B	4	PA; QL
Tabrecta (Oral Tablet)	B	4	PA; QL
Tafinlar (Oral Capsule)	B	4	PA
Tafinlar (Oral Tablet Soluble)	B	4	PA
Tagrisso (Oral Tablet)	B	4	PA; QL
Talzenna (Oral Capsule)	B	4	PA; QL
Tasigna (Oral Capsule)	B	4	PA; QL
Tepmetko (Oral Tablet)	B	4	PA; QL
Tibsovo (Oral Tablet)	B	4	PA; QL
Torpenz (Oral Tablet)	G	1	PA
Truqap (200MG Oral Tablet)	B	4	PA; QL
Truqap (160MG Oral Tablet Therapy Pack)	B	4	PA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Turalio (Oral Capsule)	B	4	PA; QL
Tykerb (Oral Tablet)	B	4	PA
Vanflyta (Oral Tablet)	B	4	PA; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Verzenio (Oral Tablet)	B	4	PA; QL
Vitrakvi (Oral Capsule)	B	4	PA; QL
Vitrakvi (Oral Solution)	B	4	PA; QL
Voranigo (Oral Tablet)	B	4	PA; QL
Votrient (Oral Tablet)	B	4	PA; QL
Xalkori (Oral Capsule)	B	4	PA
Xalkori (Oral Capsule Sprinkle)	B	4	PA
Xospata (Oral Tablet)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Yulithira (Oral Tablet)	G	1	PA
Zejula (Oral Tablet)	B	4	PA; QL
Zelboraf (Oral Tablet)	B	4	PA
Zykadia (Oral Tablet)	B	4	PA; QL
Retinoids			
Bexarotene (External Gel)	G	1	PA; QL
Bexarotene (Oral Capsule)	G	1	PA
Panretin (External Gel)	B	4	PA
Targretin (External Gel)	B	4	PA; QL
Targretin (Oral Capsule)	B	4	PA
Tretinoin (Oral Capsule)	G	1	
Treatment Adjuncts			
Leucovorin Calcium (Oral Tablet)	G	1	
Mesna (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Benznidazole (Oral Tablet)	B	3	
Emverm (Oral Tablet Chewable)	B	4	
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
Stromectol (Oral Tablet)	B	3	PA
Antiprotozoals			
Atovaquone (Oral Suspension)	G	1	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	3	
DARAPRIM (Oral Tablet)	B	4	PA
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	PA
Malarone (Oral Tablet)	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
Mepron (Oral Suspension)	B	4	QL
Nebupent (Inhalation Solution Reconstituted)	B	3	B/D,PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nitazoxanide (Oral Tablet)	G	1	QL
Pentam (Injection Solution Reconstituted)	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Plaquenil (Oral Tablet)	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	PA
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (50MG/5ML Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
Gocovri (Oral Capsule Extended Release 24 Hour)	B	4	PA
Nourianz (Oral Tablet)	B	4	PA; QL
Ongentys (Oral Capsule)	B	3	ST; QL
Tasmar (Oral Tablet)	B	4	QL
Tolcapone (Oral Tablet)	G	1	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	4	PA; QL
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; QL
Neupro (Transdermal Patch 24 Hour)	B	3	
Onapgo (Subcutaneous Solution Cartridge)	B	4	PA; QL
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbidopa-Levodopa ER (Oral Capsule Extended Release)	B	3	PA
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Crexont (Oral Capsule Extended Release)	B	3	PA
Dhivy (Oral Tablet)	B	3	ST
Duopa (Enteral Suspension)	B	4	PA
Inbrija (Inhalation Capsule)	B	4	PA
Lodosyn (Oral Tablet)	B	4	
Rytary (Oral Capsule Extended Release)	B	3	PA
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	4	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	1	PA
Chlorpromazine HCl (Oral Tablet)	G	1	PA
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Caplyta (Oral Capsule)	B	4	QL
Erzofri (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 351MG/2.25ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	QL
Erzofri (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL
Fanapt Titration Pack A (Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack B (Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack C (Oral Tablet)	B	3	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	4	
Invega (Oral Tablet Extended Release 24 Hour)	B	3	QL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Rexulti (Oral Tablet)	B	4	QL
Vraylar (Oral Capsule)	B	2	QL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	PA
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	PA; QL
Clozaril (100MG Oral Tablet)	B	4	PA
Clozaril (25MG Oral Tablet)	B	3	PA
Versacloz (Oral Suspension)	B	4	PA; ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG/5ML Oral Solution, 5MG/5ML Oral Solution)	G	1	ST
Baclofen (Oral Suspension)	G	1	ST
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (Oral Capsule)	G	1	
Fleqsuvy (Oral Suspension)	B	4	ST
Ontralfy (Oral Solution)	B	4	ST
Ozobax DS (Oral Solution)	B	3	ST
Sohonos (1.5MG Oral Capsule, 10MG Oral Capsule, 1MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Zanaflex (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	B	3	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtencity (Oral Tablet)	B	4	PA; QL
Prevymis (Oral Packet)	B	4	PA; QL
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	B	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	QL
Valganciclovir HCl (Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	3	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	3	
Baraclude (Oral Tablet)	B	4	
Entecavir (Oral Tablet)	G	1	
Hepcludex (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	4	QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	4	PA; QL
Epclusa (Oral Tablet)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Harvoni (Oral Packet)	B	4	PA; QL
Harvoni (Oral Tablet)	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	B	4	PA; QL
Mavyret (Oral Packet)	B	4	PA; QL
Mavyret (Oral Tablet)	B	4	PA; QL
Ribavirin (Oral Capsule)	G	1	
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	B	4	PA; QL
Sovaldi (Oral Packet)	B	4	PA; QL
Sovaldi (Oral Tablet)	B	4	PA; QL
Vosevi (Oral Tablet)	B	4	PA; QL
Antiherpetic Agents			
Acyclovir (External Cream)	G	1	QL
Acyclovir (External Ointment)	G	1	QL
Acyclovir (Oral Capsule)	G	1	
Acyclovir (200MG/5ML Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Denavir (External Cream)	B	3	QL
Famciclovir (Oral Tablet)	G	1	QL
Penciclovir (External Cream)	G	1	QL
Valacyclovir HCl (Oral Tablet)	G	1	QL
Valtrex (Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	3	QL
Zovirax (External Ointment)	B	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	4	QL
Dovato (Oral Tablet)	B	4	QL
Genvoya (Oral Tablet)	B	4	QL
Isentress HD (Oral Tablet)	B	4	QL
Isentress (Oral Packet)	B	3	QL
Isentress (Oral Tablet)	B	4	QL
Isentress (100MG Oral Tablet Chewable)	B	3	QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	4	QL
Stribild (Oral Tablet)	B	4	QL
Tivicay (Oral Tablet)	B	4	QL
Tivicay PD (Oral Tablet Soluble)	B	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Complera (Oral Tablet)	B	4	QL
Delstrigo (Oral Tablet)	B	4	QL
Edurant (Oral Tablet)	B	4	QL
Edurant PED (Oral Tablet Soluble)	B	4	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
Intelence (200MG Oral Tablet)	B	4	QL
Intelence (25MG Oral Tablet)	B	3	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	4	QL
Rilpivirine HCl (Oral Tablet)	G	1	QL
Symfi (Oral Tablet)	B	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	4	QL
Descovy (Oral Tablet)	B	4	QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Emtriva (Oral Capsule)	B	3	QL
Emtriva (Oral Solution)	B	3	QL
Epivir (Oral Solution)	B	3	QL
Epivir (Oral Tablet)	B	3	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Odefsey (Oral Tablet)	B	4	QL
Retrovir (Oral Capsule)	B	3	QL
Retrovir (Oral Syrup)	B	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	4	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Triumeq PD (Oral Tablet Soluble)	B	3	QL
Truvada (Oral Tablet)	B	4	QL
Viread (Oral Powder)	B	4	QL
Viread (Oral Tablet)	B	4	QL
Ziagen (Oral Solution)	B	3	QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Idvynso (Oral Tablet)	B	4	QL
Maraviroc (Oral Tablet)	G	1	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Tablet)	B	4	QL
Sunlenca (Oral Tablet)	B	4	QL
Sunlenca (Oral Tablet Therapy Pack)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	QL
Evotaz (Oral Tablet)	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL
Prezista (Oral Suspension)	B	4	QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	4	QL
Prezista (75MG Oral Tablet)	B	3	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (250MG Oral Tablet)	B	3	QL
Viracept (625MG Oral Tablet)	B	4	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Rimantadine HCl (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tamiflu (Oral Capsule)	B	3	QL
Tamiflu (Oral Suspension Reconstituted)	B	3	QL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Antiviral, Coronavirus Agents			
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Xocova (Oral Tablet)	B	4	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (10MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	
Hydroxyzine HCl (10MG/5ML Oral Syrup)	G	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	G	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	PA; HRM
Meprobamate (Oral Tablet)	G	1	HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	1	PA; QL
Alprazolam (Oral Tablet Immediate Release)	G	1	PA; QL
Alprazolam ODT (Oral Tablet Dispersible)	G	1	PA; QL
Ativan (Oral Tablet)	B	4	PA; QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	PA
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA; QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	PA; QL
Clorazepate Dipotassium (Oral Tablet)	G	1	PA; QL
Diazepam Intensol (Oral Concentrate)	G	1	PA; QL
Diazepam (5MG/5ML Oral Solution)	G	1	PA
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Klonopin (Oral Tablet)	B	3	PA; QL
Lorazepam Intensol (Oral Concentrate)	G	1	PA; QL
Lorazepam (Oral Tablet)	G	1	PA; QL
Loreev XR (Oral Capsule ER 24 Hour Sprinkle)	B	3	PA; QL
Oxazepam (Oral Capsule)	G	1	PA
Valium (10MG Oral Tablet)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Valium (2MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	PA; QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	PA; QL
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Bipolar Agents			
Bipolar Agents, Other			
Abilify Asimtufii (Intramuscular Prefilled Syringe)	B	4	QL
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
Abilify (Oral Tablet)	B	3	QL
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	4	
Aristada (Intramuscular Prefilled Syringe)	B	4	
Asenapine Maleate (Tablet Sublingual)	G	1	QL
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	B	4	QL
Latuda (Oral Tablet)	B	4	QL
Lurasidone HCl (Oral Tablet)	G	1	QL
Lybalvi (Oral Tablet)	B	4	PA; ST; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA; QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	PA; QL
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	PA
Opipza (Oral Film)	B	4	PA; QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	4	ST
Risperdal (Oral Solution)	B	3	
Risperdal (Oral Tablet)	B	3	
Risperidone Microspheres ER (Intramuscular Suspension Reconstituted ER)	G	1	
Risperidone (1MG/ML Oral Solution)	G	1	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	1	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	1	ST
Saphris (Tablet Sublingual)	B	3	QL
Secuado (Transdermal Patch 24 Hour)	B	4	ST; QL
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	3	QL
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	B	4	QL
Uzedly (Subcutaneous Suspension Prefilled Syringe)	B	4	ST
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
Zyprexa (10MG Intramuscular Solution Reconstituted)	B	3	
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	PA; QL
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	4	PA; QL
Zyprexa Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	3	PA; QL
Zyprexa Zydis (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	4	PA; QL
Mood Stabilizers			
Depakote ER (Oral Tablet Extended Release 24 Hour)	B	3	
Depakote (Oral Tablet Delayed Release)	B	3	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	G	1	
Lithobid (Oral Tablet Extended Release)	B	3	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL
Actoplus Met (Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Alogliptin Benzoate (Oral Tablet)	B	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	B	3	ST; QL
Brynovin (Oral Solution)	B	3	ST; QL
Cycloset (Oral Tablet)	B	3	PA; QL
Dapagliflozin-Saxagliptin (Oral Tablet)	B	3	ST; QL
Duetact (Oral Tablet)	B	3	HRM; QL
Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet)	G	1	HRM; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Glyburide (Oral Tablet)	G	1	HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	PA; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jentaduetto (2.5-1000MG Oral Tablet Immediate Release, 2.5-500MG Oral Tablet Immediate Release)	B	2	QL
Jentaduetto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Liraglutide (Subcutaneous Solution Pen-Injector)	G	1	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	1	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	1	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Mounjaro (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (Oral Tablet)	B	2	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
Saxagliptin HCl (Oral Tablet)	G	1	QL
Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Segluromet (Oral Tablet)	B	3	ST; QL
Sitagliptin Phosphate-Metformin HCl ER (Oral Tablet Extended Release 24 Hour)	B	1	QL
Sitagliptin Base-Metformin HCl (Oral Tablet Immediate Release)	B	3	ST; QL
Sitagliptin Base-Metformin HCl ER (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Sitagliptin (Oral Tablet)	B	3	ST; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sitagliptin Phosphate (Oral Tablet)	G	1	QL
Sitagliptin Phosphate-Metformin HCl (Oral Tablet)	G	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
Steglujan (Oral Tablet)	B	3	ST; QL
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Victoza (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	1	QL
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Zituvimet (Oral Tablet Immediate Release)	B	3	ST; QL
Zituvimet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Zituvio (Oral Tablet)	B	3	ST; QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	2	QL
Diazoxide (Oral Suspension)	G	1	
Glucagon Emergency (1MG Injection Solution Reconstituted)	G	1	QL
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	QL
Gvoke Kit (Subcutaneous Solution)	B	2	QL
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	QL
Proglycem (Oral Suspension)	B	4	
Insulins			
Admelog (Injection Solution)	B	3	ST
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Afrezza (12UNIT Inhalation Powder, 60x4UNIT & 60x8UNIT & 60x12UNIT Inhalation Powder, 90x4UNIT & 90x8UNIT Inhalation Powder, 90x8UNIT & 90x12UNIT Inhalation Powder)	B	4	PA
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Apidra (Injection Solution)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Fiasp (Injection Solution)	B	2	
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	2	
Humalog (Injection Solution)	B	2	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Glargine Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine Solostar (300UNIT/ML Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	2	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
Novolin 70/30 (Subcutaneous Suspension)	B	2	
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
Novolin N (Subcutaneous Suspension)	B	2	
Novolin R FlexPen (Injection Solution Pen-Injector)	B	2	
Novolin R (Injection Solution)	B	2	
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	2	
NovoLog (Injection Solution)	B	2	
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	2	
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	2	
Rezvoglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Semglee (yfgn) (Subcutaneous Solution)	B	3	ST
Semglee (yfgn) (Subcutaneous Solution Pen-Injector)	B	3	ST
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ST
Tresiba (Subcutaneous Solution)	B	3	ST
Blood Products and Modifiers			
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
Eliquis (1.5MG Pack) (Oral Tablet Soluble)	B	2	QL
Eliquis (2MG Pack) (Oral Tablet Soluble)	B	2	QL
Eliquis (Oral Capsule Sprinkle)	B	2	QL
Eliquis (Oral Tablet)	B	2	QL
Eliquis (0.5MG Oral Tablet Soluble)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
Fragmin (95000UNIT/3.8ML Subcutaneous Solution)	B	4	
Fragmin (Subcutaneous Solution Prefilled Syringe)	B	4	
Heparin Sodium (Porcine) (Injection Solution)	G	1	B/D,PA
Jantoven (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet, 5MG Oral Tablet, 6MG Oral Tablet, 7.5MG Oral Tablet)	G	1	
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	B	3	QL
Lovenox (120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	B	4	QL
Pradaxa (Oral Capsule)	B	3	ST; QL
Pradaxa (Oral Packet)	B	4	PA; QL
Rivaroxaban (Oral Suspension Reconstituted)	G	1	QL
Rivaroxaban (Oral Tablet)	G	1	QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	2	QL
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Alvaiz (Oral Tablet)	B	4	PA; QL
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	4	PA

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	3	PA
Armlupeg (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Droxia (Oral Capsule)	B	3	
Eltrombopag Olamine (Oral Packet)	G	1	PA; QL
Eltrombopag Olamine (Oral Tablet)	G	1	PA; QL
Epogen (Injection Solution)	B	3	PA
Fabhalta (Oral Capsule)	B	4	PA; QL
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fynetra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (300MCG/1ML Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA
Mircera (Injection Solution Prefilled Syringe)	B	3	PA
Mulpleta (Oral Tablet)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Neupogen (Injection Solution)	B	4	ST
Neupogen (Injection Solution Prefilled Syringe)	B	4	ST
Nivestym (Injection Solution)	B	4	ST
Nivestym (Injection Solution Prefilled Syringe)	B	4	ST
Nyvepria (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	4	PA
Promacta (Oral Packet)	B	4	PA; QL
Promacta (Oral Tablet)	B	4	PA; QL
Releuko (300MCG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	ST
Releuko (480MCG/0.8ML Subcutaneous Solution Prefilled Syringe)	B	4	ST
Retacrit (Injection Solution)	B	3	PA
Rolvedon (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Siklos (1000MG Oral Tablet)	B	4	PA
Siklos (100MG Oral Tablet)	B	3	PA
Stimufend (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Voydeya (Oral Tablet)	B	4	PA; QL
Voydeya (Oral Tablet Therapy Pack)	B	4	PA; QL
Xolremdi (Oral Capsule)	B	4	PA; QL
Xromi (Oral Solution)	B	3	PA
Zarxio (Injection Solution Prefilled Syringe)	B	3	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	1	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	3	QL
Cablivi (Injection Kit)	B	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (Oral Tablet)	G	1	QL
Dipyridamole (Oral Tablet)	G	1	HRM
Doptelet (Oral Tablet)	B	4	PA; QL
Doptelet Sprinkle (Oral Capsule Sprinkle)	B	4	PA; QL
Effient (Oral Tablet)	B	3	QL
Plavix (Oral Tablet)	B	3	QL
Prasugrel HCl (Oral Tablet)	G	1	QL
Tavalisse (Oral Tablet)	B	4	PA; QL
Ticagrelor (Oral Tablet)	G	1	QL
Wayrilz (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine ER (Oral Tablet Extended Release 24 Hour)	B	3	ST
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (Oral Capsule)	G	1	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	1	HRM; QL
Javadin (Oral Solution)	B	4	PA; QL
Methyldopa (Oral Tablet)	G	1	
Midodrine HCl (Oral Tablet)	G	1	
Nexiclon XR (Oral Tablet Extended Release 24 Hour)	B	3	ST
Northera (Oral Capsule)	B	4	PA; QL
Alpha-adrenergic Blocking Agents			

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cardura (Oral Tablet Immediate Release)	B	3	
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Arbli (Oral Suspension)	B	3	PA
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Azilsartan Medoxomil (Oral Tablet)	B	1	QL
Benicar (Oral Tablet)	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Cozaar (Oral Tablet)	B	3	QL
Diovan (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Solution)	G	1	ST; QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Solution)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Lotensin (Oral Tablet)	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Qbrelis (Oral Solution)	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Vasotec (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Vasotec (20MG Oral Tablet)	B	4	QL
Zestril (Oral Tablet)	B	3	QL
Antiarrhythmics			
Amiodarone HCl (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	B	4	
Betapace AF (80MG Oral Tablet)	B	3	
Betapace (Oral Tablet)	B	4	
Disopyramide Phosphate (Oral Capsule)	G	1	HRM
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	2	QL
Norpace (Oral Capsule Immediate Release)	B	3	HRM
Pacerone (Oral Tablet)	B	3	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sotalol HCl (AF) (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Sotalol (Oral Solution)	B	3	PA
Tikosyn (Oral Capsule)	B	3	QL
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Bystolic (Oral Tablet)	B	3	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	4	QL
Coreg (Oral Tablet)	B	4	
Hemangeol (Oral Solution)	B	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	B	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	B	4	
Labetalol HCl (Oral Tablet)	G	1	
Lopressor (Oral Solution)	B	3	PA
Lopressor (Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 37.5MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	1	
Metoprolol Tartrate (12.5MG Oral Tablet)	B	3	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Tenormin (Oral Tablet)	B	3	
Timolol Maleate (Oral Tablet)	G	1	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Katerzia (Oral Suspension)	B	3	ST
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine (Oral Capsule)	G	1	HRM
Nimodipine (30MG Oral Capsule)	G	1	
Nimodipine (60MG/20ML Oral Solution)	B	4	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Norliqva (Oral Solution)	B	3	ST
Norvasc (Oral Tablet)	B	3	
Nymalize (Oral Solution)	B	4	
Procardia XL (30MG Oral Tablet Extended Release 24 Hour, 60MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Sdamlo (Oral Solution Reconstituted)	B	4	ST
Sular (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cardamyst (Nasal Solution)	B	4	PA
Cardizem CD (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cardizem CD (240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	4	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	B	3	
Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release)	B	4	
Cardizem (30MG Oral Tablet Immediate Release)	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tiazac (Oral Capsule Extended Release 24 Hour)	B	3	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Attruby (Oral Tablet Therapy Pack)	B	4	PA; QL
Avalide (Oral Tablet)	B	3	QL
Azor (Oral Tablet)	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Benicar HCT (Oral Tablet)	B	3	QL
BiDil (Oral Tablet)	B	3	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Caduet (Oral Tablet)	B	3	QL
Camzyos (Oral Capsule)	B	4	PA; QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Digoxin (Oral Solution)	G	1	HRM
Digoxin (Oral Tablet)	G	1	HRM
Diovan HCT (Oral Tablet)	B	3	QL
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Capsule Sprinkle)	B	3	QL
Entresto (Oral Tablet)	B	3	QL
Exforge HCT (Oral Tablet)	B	3	QL
Exforge (Oral Tablet)	B	3	QL
Filspari (Oral Tablet)	B	4	PA; QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Ivabradine HCl (Oral Tablet)	G	1	PA; QL
Lanoxin (Oral Tablet)	B	3	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lodoco (Oral Tablet)	B	3	PA
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	PA
Micardis HCT (Oral Tablet)	B	3	QL
Myqorzo (Oral Tablet)	B	4	PA; QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Sacubitril-Valsartan (Oral Tablet)	G	1	QL
Spironolactone-HCTZ (Oral Tablet)	G	1	
Tekturna (Oral Tablet)	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Tribenzor (Oral Tablet)	B	3	QL
Tryvio (Oral Tablet)	B	3	PA; QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vaseretic (Oral Tablet)	B	3	QL
Vecamyl (Oral Tablet)	B	4	PA
Zestoretic (Oral Tablet)	B	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Edecrin (Oral Tablet)	B	4	QL
Enbumyst (Nasal Solution)	B	4	PA
Ethacrynic Acid (Oral Tablet)	G	1	QL
Furoscix (Subcutaneous Cartridge Kit)	B	4	PA
Furosemide (Injection Solution)	G	1	
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix ONYU (Subcutaneous Cartridge Kit)	B	4	PA
Soanz (40MG Oral Tablet)	B	3	PA
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
Dyrenium (Oral Capsule)	B	3	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Hemiclor (Oral Tablet)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Indapamide (Oral Tablet)	G	1	
Inzirgo (Oral Suspension Reconstituted)	B	3	PA
Metolazone (Oral Tablet)	G	1	
Thalitone (Oral Tablet)	B	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (Oral Capsule)	G	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvaliq (Oral Suspension)	B	3	PA; QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	ST; QL
Fluvastatin Sodium (Oral Capsule)	G	1	ST; QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	1	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Zocor (Oral Tablet)	B	3	QL
Zypitamag (Oral Tablet)	B	3	ST; QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestid (Oral Tablet)	B	3	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Juxtapid (2MG Oral Capsule)	B	4	PA; QL
Lerochol (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Lovaza (Oral Capsule)	B	3	QL
Nexletol (Oral Tablet)	B	2	QL
Nexlizet (Oral Tablet)	B	2	QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Prevalite (Oral Packet)	G	1	
Questran Light (Oral Powder)	B	3	
Questran (Oral Powder)	B	3	
Redemplo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Repatha (140MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	QL
Tryngolza (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Vascepa (Oral Capsule)	B	1	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	B	3	
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	QL
Mineralocorticoid Receptor Antagonists			
Aldactone (50MG Oral Tablet)	B	3	
CaroSpir (Oral Suspension)	B	3	
Eplerenone (Oral Tablet)	G	1	
Kerendia (Oral Tablet)	B	3	PA; QL
Spironolactone (25MG/5ML Oral Suspension)	G	1	
Spironolactone (Oral Tablet)	G	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)			
Dapagliflozin (Oral Tablet)	B	1	QL
Farxiga (Oral Tablet)	B	2	ST; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Inpefa (Oral Tablet)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	PA; QL
Jardiance (Oral Tablet)	B	2	QL
Steglatro (Oral Tablet)	B	3	ST; QL
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
Nitro-Bid (Transdermal Ointment)	B	1	
Nitro-Dur (0.1MG/HR Transdermal Patch 24 Hour, 0.2MG/HR Transdermal Patch 24 Hour, 0.4MG/HR Transdermal Patch 24 Hour, 0.6MG/HR Transdermal Patch 24 Hour)	B	3	
Nitro-Dur (0.3MG/HR Transdermal Patch 24 Hour, 0.8MG/HR Transdermal Patch 24 Hour)	B	4	
Nitroglycerin (Rectal Ointment)	G	1	QL
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Nitrolingual (Translingual Solution)	B	3	
Nitrostat (Tablet Sublingual)	B	3	
Verquvo (Oral Tablet)	B	2	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine ER ODT (Oral Tablet Extended Release Dispersible)	G	1	QL
Amphetamine Sulfate (Oral Tablet)	G	1	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Amphetamine-Dextroamphetamine 3-Bead ER (Oral Capsule Extended Release 24 Hour)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Arynta (Oral Solution)	B	3	PA; QL
Azstarys (Oral Capsule)	B	3	QL
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Dyanavel XR (Oral Tablet Extended Release)	B	3	QL
Evekeo (Oral Tablet)	B	3	
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	1	
Methamphetamine HCl (Oral Tablet)	G	1	PA; QL
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
ProCentra (Oral Solution)	B	3	
Vyvanse (Oral Capsule)	B	3	
Vyvanse (Oral Tablet Chewable)	B	3	
Xelstrym (Transdermal Patch)	B	3	QL
Zenzedi (Oral Tablet)	B	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	1	QL
Atomoxetine HCl (Oral Solution)	B	3	ST; QL
Atoncy (Oral Solution)	B	3	ST; QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Concerta (Oral Tablet Extended Release)	B	3	QL
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Daytrana (Transdermal Patch)	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Focalin (Oral Tablet)	B	3	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	B	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
Intuniv (Oral Tablet Extended Release 24 Hour)	B	3	HRM

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Metadate CD (Oral Capsule Extended Release)	B	3	QL
Methylin (Oral Solution)	B	3	QL
Methylphenidate ER (Oral Tablet Extended Release Dispersible)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	1	QL
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Relexxii)	B	3	QL
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	1	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	1	QL
Methylphenidate (Transdermal Patch)	G	1	QL
Onyda XR (Oral Suspension Extended Release)	B	4	PA; QL
Qelbree (Oral Capsule Extended Release 24 Hour)	B	3	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	QL
Relexxii (Oral Tablet Extended Release)	B	3	QL
Ritalin (Oral Tablet)	B	3	QL
Central Nervous System, Other			
Aqneursa (Oral Packet)	B	4	PA; QL
Austedo (Oral Tablet Immediate Release)	B	4	PA; QL
Austedo XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Cobenfy (Oral Capsule)	B	4	PA; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dextromethorphan-Quinidine (Oral Capsule)	G	1	PA; QL
Firdapse (Oral Tablet)	B	4	PA; QL
Gabapentin (Once-Daily) (Oral Tablet)	G	1	PA
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Sprinkle)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Lynkuet (Oral Capsule)	B	3	PA; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Radicava ORS Starter Kit (Oral Suspension)	B	4	PA; QL
Riluzole (Oral Tablet)	G	1	
Skyclarys (Oral Capsule)	B	4	PA; QL
Tetrabenazine (Oral Tablet)	G	1	PA; QL
Tiglutik (Oral Suspension)	B	4	PA
Veozah (Oral Tablet)	B	3	PA; QL
Xenazine (Oral Tablet)	B	4	PA; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	QL
Lyrica (Oral Solution)	B	3	QL
Milnacipran HCl (Oral Tablet)	G	1	
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Tonmya (Tablet Sublingual)	B	3	
Multiple Sclerosis Agents			
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	QL
Aubagio (Oral Tablet)	B	4	QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	QL
Bafiertam (Oral Capsule Delayed Release)	B	4	ST; QL
Betaseron (Subcutaneous Kit)	B	4	QL
Cladribine (10 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (4 Tabs) (Oral Tablet Therapy Pack)	G	1	PA

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cladribine (5 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (6 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (7 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (8 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (9 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	1	QL
Fingolimod HCl (Oral Capsule)	G	1	QL
Gilenya (Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mayzent (Oral Tablet)	B	4	QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Plegridy (Subcutaneous Solution Auto-Injector)	B	4	QL
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Ponvory (Oral Tablet)	B	4	QL
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	4	QL
Rebif Rebidosé (Subcutaneous Solution Auto-Injector)	B	4	ST; QL
Rebif Rebidosé Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST; QL
Tascenso ODT (Oral Tablet Dispersible)	B	4	QL
Tecfidera (Oral Capsule Delayed Release)	B	4	QL
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Teriflunomide (Oral Tablet)	G	1	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	4	ST; QL
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	4	PA; QL
Zeposia (Oral Capsule)	B	4	PA; QL
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	4	PA; QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	1	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Evoxac (Oral Capsule)	B	3	ST
Kourzeq (Mouth/Throat Paste)	B	3	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Salagen (Oral Tablet)	B	3	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	4	PA
Absorica (Oral Capsule)	B	4	PA
Acanya (External Gel)	B	3	
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	PA
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Adapalene (External Pad)	B	4	
Adapalene-Benzoyl Peroxide (0.3-2.5% External Gel)	G	1	ST
Aklief (External Cream)	B	3	PA
Altreno (External Lotion)	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA
Arazlo (External Lotion)	B	3	PA; QL
Atralin (External Gel)	B	3	PA
Azelaic Acid (External Gel)	G	1	QL
Azelex (External Cream)	B	3	QL
Benzamycin (External Gel)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bimzelx (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Bimzelx (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Brimonidine Tartrate (External Gel)	G	1	
Cabtreo (External Gel)	B	3	ST
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-3.75% External Gel)	G	1	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-2.5% External Gel, 1.2-5% External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
Differin (0.3% External Gel)	B	3	
Epiduo Forte (0.3-2.5% External Gel)	B	3	ST
Epsolay (External Cream)	B	3	PA
Finacea (External Foam)	B	3	QL
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (0.33% External Gel)	B	3	
Neuac (External Gel)	G	1	
Onexton (External Gel)	B	3	ST
Oxymetazoline HCl (External Cream)	G	1	PA
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	3	PA
Rhofade (External Cream)	B	3	PA
Tazarotene (External Cream)	G	1	PA; QL
Tazarotene (External Foam)	B	3	PA; QL
Tazarotene (External Gel)	G	1	PA; QL
Tazorac (External Cream)	B	3	PA; QL
Tazorac (External Gel)	B	3	PA; QL
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (0.04% External Gel, 0.1% External Gel)	G	1	PA
Tretinoin Microsphere Pump (0.08% External Gel)	G	1	PA
Trilitas (External Gel)	G	1	PA; QL
Twynéo (External Cream)	B	3	ST
Winlevi (External Cream)	B	3	PA
Zenatane (Oral Capsule)	G	1	PA
Ziana (External Gel)	B	3	PA
Dermatitis and Pruritus Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Adbry (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Ala Scalp (External Lotion)	B	3	
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Amcinonide (External Cream)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Anzupgo (External Cream)	B	4	PA
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Bryhali (External Lotion)	B	3	
Clobetasol Propionate Emollient Base (External Cream)	G	1	QL
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
Clobetasol Propionate (0.025% External Cream)	B	3	QL
Clobetasol Propionate (0.05% External Cream)	G	1	QL
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	QL
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	QL
Clobetasol Propionate (External Shampoo)	G	1	QL
Clobetasol Propionate (External Solution)	G	1	QL
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	QL
Cordran (External Tape)	B	3	
Derma-Smoothe/FS Scalp (External Oil)	B	3	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Desonide (External Cream)	G	1	QL
Desonide (External Gel)	G	1	ST; QL
Desonide (External Lotion)	G	1	QL
Desonide (External Ointment)	G	1	QL
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (External Liquid)	G	1	
Desoximetasone (External Ointment)	G	1	
Diflorasone Diacetate (External Cream)	G	1	QL
Diflorasone Diacetate (External Ointment)	G	1	QL
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	1	PA; QL
Eucrisa (External Ointment)	B	3	PA; QL
Evesse (External Lotion)	G	1	QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	QL
Fluocinonide (External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Flurandrenolide (External Lotion)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halcinonide (External Cream)	G	1	
Halcinonide (External Solution)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Foam)	G	1	
Halobetasol Propionate (External Lotion)	B	3	
Halobetasol Propionate (External Ointment)	G	1	
Halog (External Cream)	B	3	
Halog (External Solution)	B	3	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Lotion)	G	1	QL
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2% External Lotion, 2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Hyftor (External Gel)	B	4	PA
Lexette (External Foam)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Opzelura (External Cream)	B	4	PA; QL
Pimecrolimus (External Cream)	G	1	ST; QL
Prudoxin (External Cream)	B	3	PA; QL
Selenium Sulfide (External Lotion)	G	1	
Synalar (External Cream)	B	3	
Synalar (External Ointment)	B	3	
Tacrolimus (External Ointment)	G	1	ST
Texacort (External Solution)	B	3	
Topicort (0.05% External Ointment)	B	3	
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Triderm (External Cream)	G	1	
Ultravate (External Lotion)	B	4	
Zonalon (External Cream)	B	3	PA; QL
Dermatological Agents, Other			
Analpram HC (External Cream)	B	3	
Analpram HC (External Lotion)	B	3	
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Foam)	B	3	
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Ointment)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcitriol (External Ointment)	G	1	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
Duobrii (External Lotion)	B	3	PA
Enstilar (External Foam)	B	4	PA
Filsuvez (External Gel)	B	4	PA
Fluorouracil (0.5% External Cream)	B	4	QL
Fluorouracil (5% External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	1	PA
Klisyri (External Ointment)	B	4	PA; QL
Methoxsalen Rapid (Oral Capsule)	G	1	
Neo-Synalar (External Cream)	B	3	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Gel)	G	1	
Podofilox (External Solution)	G	1	
Pramosone (External Cream)	B	3	
Pramosone (External Lotion)	B	3	
Proctofoam HC (External Foam)	B	3	
Qbrexza (External Pad)	B	3	
Santyl (External Ointment)	B	3	QL
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sofdra (External Gel)	B	4	PA; QL
Sorilux (External Foam)	B	4	
SSD (External Cream)	G	1	
Taclonex (External Suspension)	B	4	
Vectical (3MCG/GM External Ointment)	B	4	
Veregen (External Ointment)	B	4	
Vtama (External Cream)	B	4	PA
Xerese (External Cream)	B	4	PA; QL
Zoryve (External Cream)	B	3	PA
Zoryve (External Foam)	B	3	PA
Zyclara Pump (3.75% External Cream)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pediculicides/Scabicides			
Crotan (External Lotion)	B	4	QL
Eurax (External Cream)	B	3	QL
Ivermectin (External Cream)	G	1	QL
Malathion (External Lotion)	G	1	
Natroba (External Suspension)	B	3	
Ovide (External Lotion)	B	3	
Permethrin (External Cream)	G	1	
Pruradik (External Lotion)	B	4	QL
Soolantra (External Cream)	B	3	QL
Spinosad (External Suspension)	G	1	
Topical Anti-infectives			
Aczone (External Gel)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	1	QL
Ciclopirox (External Shampoo)	G	1	QL
Ciclopirox (External Solution)	G	1	QL
Ciclopirox Olamine (External Cream)	G	1	QL
Ciclopirox Olamine (External Suspension)	G	1	QL
Cleocin-T (External Lotion)	B	3	QL
Clindacin ETZ (External Swab)	G	1	QL
Clindacin (External Foam)	G	1	
Clindagel (External Gel)	B	4	QL
Clindamycin Phosphate (Once-Daily) (External Gel)	G	1	QL
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	1	QL
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Dapsone (External Gel)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Econazole Nitrate (External Foam)	B	4	QL
Ertaczo (External Cream)	B	4	QL
Ery (External Pad)	B	2	
Erythromycin (External Gel)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	3	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	1	QL
Klaron (External Lotion)	B	3	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftifine HCl (External Gel)	G	1	
Naftin (External Gel)	B	3	
Nyamy (100000UNIT/GM External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Oxiconazole Nitrate (External Cream)	G	1	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	
Sulfamylon (External Cream)	B	3	
Tavaborole (External Solution)	G	1	
Zelsuvmi (External Gel)	B	4	PA
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carbaglu (Oral Tablet Soluble)	B	4	PA
Carglumic Acid (Oral Tablet Soluble)	G	1	PA
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinisol SF (Intravenous Solution)	B	3	B/D,PA
Clinolipid (Intravenous Emulsion)	B	3	B/D,PA
Dextrose (10% Intravenous Solution, 5% Intravenous Solution)	G	1	
Dextrose-Sodium Chloride (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution, 5-0.9% Intravenous Solution)	G	1	
Endari (Oral Packet)	B	4	PA
Intralipid (Intravenous Emulsion)	B	3	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
Isolyte-S pH 7.4 (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (10-5-0.45MEQ/L-% Intravenous Solution, 20-5-0.45MEQ/L-% Intravenous Solution, 40-5-0.45MEQ/L-% Intravenous Solution)	G	1	
Klor-Con 10 (Oral Tablet Extended Release)	G	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	G	1	
L-Glutamine (Oral Packet)	G	1	PA
Magnesium Sulfate (Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	3	B/D,PA
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenamine (Intravenous Solution)	B	3	B/D,PA
Pokonza (Oral Packet)	B	4	
Pokonza (Oral Solution)	B	4	
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML Intravenous Solution, 2MEQ/ML (20 ML) Intravenous Solution)	G	1	
Potassium Chloride (20MEQ Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Premasol (Intravenous Solution)	B	4	B/D,PA
Prosol (Intravenous Solution)	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	1	
Sodium Chloride (Irrigation Solution)	G	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	3	
Travasol (Intravenous Solution)	B	3	B/D,PA
TrophAmine (Intravenous Solution)	B	3	B/D,PA
Urocit-K 10 (Oral Tablet Extended Release)	B	3	
Urocit-K 15 (Oral Tablet Extended Release)	B	3	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Cuvrior (Oral Tablet)	B	4	PA; QL
Deferasirox Granules (Oral Packet)	G	1	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferiprone (Oral Tablet)	G	1	PA
Exjade (Oral Tablet Soluble)	B	4	PA
Ferriprox (Oral Solution)	B	4	PA
Ferriprox (Oral Tablet)	B	4	PA
Ferriprox Twice-A-Day (Oral Tablet)	B	4	PA
Jadenu (Oral Tablet)	B	4	PA
Jadenu Sprinkle (Oral Packet)	B	4	PA
Jynarque (Oral Tablet)	B	4	PA; QL
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA; QL
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Samsca)	G	1	PA; QL
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque)	G	1	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tolvaptan (Oral Tablet Therapy Pack) (Generic Jynarque)	G	1	PA; QL
Trientine HCl (Oral Capsule)	G	1	PA; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	B/D,PA
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	1	B/D,PA
Fosrenol (1000MG Oral Packet)	B	3	B/D,PA
Fosrenol (750MG Oral Packet)	B	4	B/D,PA
Fosrenol (1000MG Oral Tablet Chewable)	B	3	B/D,PA
Fosrenol (500MG Oral Tablet Chewable, 750MG Oral Tablet Chewable)	B	4	B/D,PA
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	B/D,PA
Sevelamer Carbonate (Oral Packet)	G	1	B/D,PA
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	B/D,PA
Sevelamer HCl (Oral Tablet)	G	1	B/D,PA
Velphoro (Oral Tablet Chewable)	B	3	B/D,PA
Potassium Binders			
Kionex (Combination Suspension)	B	3	
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Combination Suspension)	G	1	
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	3	
Veltassa (Oral Packet)	B	3	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Amitiza (Oral Capsule)	B	3	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Ibsrela (Oral Tablet)	B	4	PA; QL
Kristalose (Oral Packet)	B	3	
Lactulose (Oral Packet)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Lubiprostone (Oral Capsule)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Motegrity (Oral Tablet)	B	3	QL
Movantik (Oral Tablet)	B	2	QL
Prucalopride Succinate (Oral Tablet)	G	1	QL
Relistor (Oral Tablet)	B	4	PA; QL
Relistor (Subcutaneous Solution)	B	4	PA
Relistor (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	2	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	PA; HRM
Lomotil (Oral Tablet)	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Motofen (Oral Tablet)	B	3	PA; HRM
Mytesi (Oral Tablet Delayed Release)	B	4	PA
Viberzi (Oral Tablet)	B	4	PA; QL
Xermelo (Oral Tablet)	B	4	PA; QL
Antispasmodics, Gastrointestinal			
Chlordiazepoxide-Clidinium (Oral Capsule)	G	1	PA; HRM
Cuvposa (Oral Solution)	B	3	
Dicyclomine HCl (Oral Capsule)	G	1	PA; HRM
Dicyclomine HCl (10MG/5ML Oral Solution)	G	1	PA; HRM
Dicyclomine HCl (20MG Oral Tablet)	G	1	PA; HRM
Glycate (Oral Tablet)	B	3	
Glycopyrrolate (1MG/5ML Oral Solution)	G	1	
Glycopyrrolate (1.5MG Oral Tablet)	B	4	
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	
Methscopolamine Bromide (Oral Tablet)	G	1	HRM
Gastrointestinal Agents, Other			
Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)	G	1	
Bismuth Subcitrate/Metronidazole/Tetracycline	G	1	
Bylvay (Pellets) (Oral Capsule Sprinkle)	B	4	PA
Bylvay (Oral Capsule)	B	4	PA
Clenpiq (Oral Solution)	B	2	QL
Ctexli (Oral Tablet)	B	4	PA
Gattex (Subcutaneous Kit)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
GaviLyte-C (Oral Solution Reconstituted)	G	1	QL
GaviLyte-G (Oral Solution Reconstituted)	G	1	QL
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	QL
GoLYTELY (Oral Solution Reconstituted)	B	3	QL
Iqirvo (Oral Tablet)	B	4	PA; QL
Livdelzi (Oral Capsule)	B	4	PA; QL
Livmarli (Oral Solution)	B	4	PA; QL
Livmarli (Oral Tablet)	B	4	PA; QL
MoviPrep (Oral Solution Reconstituted)	B	3	QL
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	QL
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	QL
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	QL
Pylera (Oral Capsule)	B	3	
Reltone (Oral Capsule)	B	4	
Suflave (Oral Solution Reconstituted)	B	2	QL
Suprep Bowel Prep Kit (Oral Solution)	B	3	QL
Sutab (Oral Tablet)	B	2	QL
Talicia (Oral Capsule Delayed Release)	B	3	
Ursodiol (200MG Oral Capsule, 400MG Oral Capsule)	B	4	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Voquezna Dual Pak (Oral Therapy Pack)	B	3	PA
Voquezna Triple Pak (Oral Therapy Pack)	B	3	PA
Vowst (Oral Capsule)	B	4	PA
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (Oral Solution)	G	1	
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Pepcid (Oral Tablet)	B	3	
Ranitidine HCl (Oral Tablet)	B	3	ST

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Protectants			
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Aciphex (Oral Tablet Delayed Release)	B	4	PA
Dexilant (Oral Capsule Delayed Release)	B	3	PA; QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Konvomep (Oral Suspension Reconstituted)	B	3	PA
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	1	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	3	PA; QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	3	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (Oral Capsule Delayed Release)	B	3	PA; QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	PA
Protonix (Oral Tablet Delayed Release)	B	3	PA; QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Voquezna (Oral Tablet)	B	3	PA; QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aqvesme (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	4	PA
Betaine (Oral Powder)	G	1	
Carnitor (Oral Solution)	B	3	
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA; QL
Cholbam (Oral Capsule)	B	4	PA
Crenessity (100MG Oral Capsule, 50MG Oral Capsule)	B	4	PA; QL
Crenessity (Oral Solution)	B	4	PA; QL
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	
Daybue (Oral Solution)	B	4	PA; QL
Daybue Stix (Oral Packet)	B	4	PA; QL
Dichlorphenamide (Oral Tablet)	G	1	PA; QL
Dojolvi (Oral Liquid)	B	4	PA
Evrysdi (Oral Solution Reconstituted)	B	4	PA; QL
Evrysdi (Oral Tablet)	B	4	PA; QL
Forzinity (Subcutaneous Solution)	B	4	PA; QL
Galafold (Oral Capsule)	B	4	
Gastrocrom (Oral Concentrate)	B	4	
Glassia (1000MG/50ML Intravenous Solution)	B	4	PA
Glycerol Phenylbutyrate (Oral Liquid)	G	1	QL
Harliku (Oral Tablet)	B	4	PA; QL
Javygtor (Oral Packet)	B	4	
Javygtor (Oral Tablet)	B	4	
Keveyis (Oral Tablet)	B	4	PA; QL
Kuvan (Oral Packet)	B	4	
Kuvan (Oral Tablet)	B	4	
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Loargys (Injection Solution)	B	4	PA
Miglustat (Oral Capsule)	G	1	PA
Miplyffa (Oral Capsule)	B	4	PA; QL
Nitisinone (Oral Capsule)	G	1	
Nityr (Oral Tablet)	B	4	
Olpruva (2GM Dose) (Oral Therapy Pack)	B	4	QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Olpruva (3GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (4GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (5GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6.67GM Dose) (Oral Therapy Pack)	B	4	QL
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Ormalvi (Oral Tablet)	B	4	PA; QL
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles, 37000-97300UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pheburane (Oral Pellet)	B	4	
Procysbi (Oral Packet)	B	4	PA
Prolastin-C (Intravenous Solution)	B	4	PA
Pyrukynd (Oral Tablet)	B	4	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Revcovi (Intramuscular Solution)	B	4	PA
Rivfloza (Subcutaneous Solution)	B	4	PA; QL
Rivfloza (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sapropterin Dihydrochloride (Oral Packet)	G	1	
Sapropterin Dihydrochloride (Oral Tablet)	G	1	
Sephience (Oral Packet)	B	4	PA
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
Sucraid (Oral Solution)	B	4	
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Voxzogo (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Vyndamax (Oral Capsule)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Wainua (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Welireg (Oral Tablet)	B	4	PA; QL
Yargesa (Oral Capsule)	G	1	PA
Yuviwel (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Zavesca (Oral Capsule)	B	4	PA
Zelvysia (Oral Packet)	G	1	
Zemaira (1000MG Intravenous Solution Reconstituted)	B	4	PA
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Zokinvy (Oral Capsule)	B	4	PA; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Flavoxate HCl (Oral Tablet)	G	1	PA
Gemtesa (Oral Tablet)	B	3	
Myrbetriq (Oral Suspension Reconstituted ER)	B	1	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	1	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Oxybutynin Chloride (Oral Solution)	G	1	PA
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	PA
Oxytrol (Transdermal Patch Twice Weekly)	B	3	PA
Solifenacin Succinate (Oral Tablet)	G	1	PA; QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Tolterodine Tartrate (Oral Tablet)	G	1	PA
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	PA; ST; QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Trospium Chloride (Oral Tablet)	G	1	PA
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Avodart (Oral Capsule)	B	4	QL
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (5MG Oral Tablet)	B	3	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dutasteride (Oral Capsule)	G	1	QL
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Jalyn (Oral Capsule)	B	4	
Proscar (Oral Tablet)	B	3	
Silodosin (Oral Capsule)	G	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	B	3	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Cuprimine (Oral Capsule)	B	4	PA
Depen Titratabs (Oral Tablet)	B	4	
Elmiron (Oral Capsule)	B	3	
Lithostat (Oral Tablet)	B	3	
Penicillamine (Oral Capsule)	G	1	PA
Penicillamine (Oral Tablet)	G	1	
Phexx (Vaginal Gel)	B	3	
Thiola EC (Oral Tablet Delayed Release)	B	4	
Thiola (Oral Tablet Immediate Release)	B	4	
Tiopronin (Oral Tablet Immediate Release)	G	1	
Tiopronin (Oral Tablet Delayed Release)	G	1	
Vanrafia (Oral Tablet)	B	4	QL
Venxxiva (Oral Tablet Delayed Release)	B	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar Gel (Subcutaneous Pen-Injector)	B	4	PA
Acthar (Injection Gel)	B	4	PA
Agamree (Oral Suspension)	B	4	PA; QL
Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle)	B	3	
Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle)	B	4	
Cortef (Oral Tablet)	B	3	
Cortrophin Gel (Subcutaneous Prefilled Syringe)	B	4	PA
Cortrophin (Injection Gel)	B	4	PA
Deflazacort (Oral Suspension)	G	1	PA
Deflazacort (Oral Tablet)	G	1	PA
Dexamethasone (Oral Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Dexlyt (Oral Tablet)	B	3	PA
Emflaza (Oral Suspension)	B	4	PA
Emflaza (Oral Tablet)	B	4	PA
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hemady (Oral Tablet)	B	3	
Hydrocortisone (Oral Tablet)	G	1	
Jaythari (Oral Suspension)	G	1	PA
Jaythari (Oral Tablet)	G	1	PA
Khindivi (Oral Solution)	B	4	PA
Kymbee (Oral Suspension)	G	1	PA
Kymbee (Oral Tablet)	G	1	PA
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (Oral Solution)	G	1	
Prednisolone (Oral Tablet)	G	1	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 5MG/5ML Oral Solution)	G	1	
Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	1	
Prednisone (1MG Oral Tablet Delayed Release, 2MG Oral Tablet Delayed Release, 5MG Oral Tablet Delayed Release)	B	4	PA
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	1	
Pyquvi (Oral Suspension)	G	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (Oral Tablet)	B	3	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Desmoda (Oral Solution)	B	4	PA
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA
Egrifta WR (Subcutaneous Kit)	B	4	PA; QL
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	3	PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	4	PA
Genotropin (Subcutaneous Cartridge)	B	4	PA
Humatrope (Injection Cartridge)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA
Ngenla (Subcutaneous Solution Pen-Injector)	B	4	PA
Norditropin FlexPro (10MG/1.5ML Subcutaneous Solution Pen-Injector, 15MG/1.5ML Subcutaneous Solution Pen-Injector)	B	4	PA
Norditropin FlexPro (5MG/1.5ML Subcutaneous Solution Pen-Injector)	B	3	PA
Omnitrope (10MG/1.5ML Subcutaneous Solution Cartridge)	B	4	PA
Omnitrope (5MG/1.5ML Subcutaneous Solution Cartridge)	B	3	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA
Skytrofa (Subcutaneous Cartridge)	B	4	PA
Sogroya (Subcutaneous Solution Pen-Injector)	B	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Aveed (Intramuscular Solution)	B	3	PA
Danazol (Oral Capsule)	G	1	
Depo-Testosterone (Intramuscular Solution)	B	3	PA
Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)	B	3	PA
Jatenzo (237MG Oral Capsule)	B	4	PA
Kyzatrex (Oral Capsule)	B	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methitest (Oral Tablet)	B	4	PA
Methyltestosterone (Oral Capsule)	G	1	PA
Testim (Transdermal Gel)	B	3	
Testosterone Cypionate (Intramuscular Solution)	G	1	PA
Testosterone Enanthate (Intramuscular Solution)	G	1	PA
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	QL
Tlando (Oral Capsule)	B	3	PA
Vogelxo Pump (Transdermal Gel)	B	3	
Vogelxo (Transdermal Gel)	B	3	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Abigale Lo (Oral Tablet)	G	1	HRM
Abigale (Oral Tablet)	G	1	HRM
Activella (Oral Tablet)	B	3	HRM
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Angeliq (Oral Tablet)	B	3	HRM
Annovera (Vaginal Ring)	B	3	QL
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	3	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Azurette (Oral Tablet)	G	1	
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	1	
Beyaz (Oral Tablet)	B	3	
Bijuva (Oral Capsule)	B	3	HRM
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	3	HRM
Climara (Transdermal Patch Weekly)	B	3	HRM; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
CombiPatch (Transdermal Patch Twice Weekly)	B	3	HRM
Cryselle (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Delestrogen (10MG/ML Intramuscular Oil, 20MG/ML Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	B	3	
Divigel (Transdermal Gel)	B	3	HRM
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	1	
Duavee (Oral Tablet)	B	3	HRM
Elestrin (Transdermal Gel)	B	3	HRM
EluRyng (Vaginal Ring)	G	1	
EnilloRing (Vaginal Ring)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estrace (Vaginal Cream)	B	3	
Estradiol (Oral Tablet)	G	1	HRM
Estradiol (Transdermal Gel)	G	1	HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	QL
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	HRM
Estring (Vaginal Ring)	B	3	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Evamist (Transdermal Solution)	B	3	HRM
Falmina (Oral Tablet)	G	1	
Feirza 1.5/30 (Oral Tablet)	G	1	
Feirza 1/20 (Oral Tablet)	G	1	
Femlyv ODT (Oral Tablet Dispersible)	B	3	
Femring (Vaginal Ring)	B	3	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	HRM
Galbriela (Oral Tablet Chewable)	G	1	
Gemmily (Oral Capsule)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hailey 24 Fe (Oral Tablet)	G	1	
Hailey Fe 1/20 (Oral Tablet)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA; QL
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jaimiess (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	HRM
Joyeaux (Oral Tablet)	G	1	
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kaitlib Fe (Oral Tablet Chewable)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgest-Ethinyl Estradiol-Iron (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (0.1-0.02 & 0.01MG Oral Tablet, 0.15-0.03MG Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (0.1-20MG-MCG Oral Tablet, 90-20MCG Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	B	3	
Loestrin 1/20 (21) (Oral Tablet)	B	3	
Loestrin Fe 1.5/30 (Oral Tablet)	B	3	
Loestrin Fe 1/20 (Oral Tablet)	B	3	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
LoJaimiess (Oral Tablet)	G	1	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Luizza 1.5/30 (Oral Tablet)	G	1	
Luizza 1/20 (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Marlissa (Oral Tablet)	G	1	
Menostar (Transdermal Patch Weekly)	B	3	HRM; QL
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	HRM
Minivelle (Transdermal Patch Twice Weekly)	B	3	HRM; QL
Minzoya (Oral Tablet)	G	1	
Natazia (Oral Tablet)	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nextstellis (Oral Tablet)	B	3	
Nikki (Oral Tablet)	G	1	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	HRM
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	
NuvaRing (Vaginal Ring)	B	3	
Nylia 1/35 (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nylia 7/7/7 (Oral Tablet)	G	1	
Pimtreea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Premarin (Oral Tablet)	B	1	HRM; QL
Premarin (Vaginal Cream)	B	2	
Premphase (Oral Tablet)	B	3	HRM; QL
Prempro (Oral Tablet)	B	3	HRM; QL
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Rosyrah (Oral Tablet)	G	1	
Safyral (Oral Tablet)	B	3	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Turqoz (Oral Tablet)	G	1	
Twirla (Transdermal Patch Weekly)	B	3	
Tyblume (Oral Tablet Chewable)	B	3	
Tydemy (Oral Tablet)	G	1	
Vagifem (Vaginal Tablet)	B	3	QL
Valtya 1/35 (Oral Tablet)	G	1	
Valtya 1/50 (Oral Tablet)	G	1	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Viorele (Oral Tablet)	G	1	
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	3	HRM; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
Wymzya Fe (Oral Tablet Chewable)	G	1	
Xarah Fe (Oral Tablet)	G	1	
Xelria Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvaferm (Vaginal Tablet)	G	1	QL
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	1	
Depo-Provera (Intramuscular Suspension)	B	3	
Depo-Provera (Intramuscular Suspension Prefilled Syringe)	B	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	2	
Errin (Oral Tablet)	G	1	
Gallifrey (Oral Tablet)	G	1	
Heather (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Kyleena (Intrauterine Device)	B	3	
Liletta (52MG) (Intrauterine Device)	B	2	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	HRM
Megestrol Acetate (Oral Tablet)	G	1	HRM
Meleya (Oral Tablet)	G	1	
Mirena (52MG) (Intrauterine Device)	B	3	
Nexplanon (Subcutaneous Implant)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Orquidea (Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Prometrium (Oral Capsule)	B	3	
Provera (5MG Oral Tablet)	B	3	
Sharobel (Oral Tablet)	G	1	
Skyla (Intrauterine Device)	B	3	
Slynd (Oral Tablet)	B	3	
Selective Estrogen Receptor Modifying Agents			
Evista (Oral Tablet)	B	3	QL
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (Oral Tablet)	B	3	
Levothyroxine Sodium (Oral Capsule)	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	G	1	
Liomny (Oral Tablet)	G	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	2	
Thyquidity (Oral Solution)	B	3	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (Oral Solution)	B	3	
Unithroid (Oral Tablet)	G	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Cabergoline (Oral Tablet)	G	1	
Eligard (Subcutaneous Kit)	B	3	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA; QL
Isturisa (Oral Tablet)	B	4	PA

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Korlym (Oral Tablet)	B	4	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	1	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	3	PA; QL
Lutrate Depot (Intramuscular Injectable)	B	3	PA; QL
Mifepristone (300MG Oral Tablet)	G	1	PA; QL
Mycapssa (Oral Capsule Delayed Release)	B	4	PA; QL
Myfembree (Oral Tablet)	B	4	PA; QL
Octreotide Acetate (Injection Solution)	G	1	PA
Oriahnn (Oral Capsule Therapy Pack)	B	4	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Palsonify (Oral Tablet)	B	4	PA; QL
Parlodel (5MG Oral Capsule)	B	3	
Parlodel (2.5MG Oral Tablet)	B	3	
Recorlev (Oral Tablet)	B	4	PA; QL
Sandostatin (100MCG/ML Injection Solution)	B	4	PA
Sandostatin (500MCG/ML Injection Solution, 50MCG/ML Injection Solution)	B	3	PA
Signifor (Subcutaneous Solution)	B	4	PA
Somavert (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Synarel (Nasal Solution)	B	4	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Vabrinty (Subcutaneous Kit)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Andembry (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Berinert (Intravenous Kit)	B	4	PA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA
Dawnzera (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Ekterly (Oral Tablet)	B	4	PA; QL
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
Orladeyo (Oral Capsule)	B	4	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	4	PA
Sajazir (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Takhzyro (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard ERC (Injection Solution)	B	4	PA
Gammagard (10GM/100ML Injection Solution, 2.5GM/25ML Injection Solution, 5GM/50ML Injection Solution)	B	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	4	PA
Gammaked (1GM/10ML Injection Solution)	B	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	4	PA
Gamunex-C (1GM/10ML Injection Solution)	B	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	4	PA
Panzyga (Intravenous Solution)	B	4	PA
Privigen (20GM/200ML Intravenous Solution)	B	4	PA
Qivigy (Intravenous Solution)	B	4	PA
Yimmugo (Intravenous Solution)	B	4	PA
Immunological Agents, Other			
Adbry (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA
Auranofin (Oral Capsule)	B	4	
Avtozma (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Avtozma (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Cibinqo (Oral Tablet)	B	4	PA; QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Ebglyss (Subcutaneous Solution Auto-Injector)	B	4	PA
Ebglyss (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Empaveli (Subcutaneous Solution)	B	4	PA; QL
Entyvio Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Grastek (Tablet Sublingual)	B	3	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Joenna (70MG Oral Tablet)	B	4	PA; QL
Kevzara (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Leqselvi (Oral Tablet)	B	4	PA; QL
Litfulo (Oral Capsule)	B	4	PA; QL
Nemluvio (Subcutaneous Auto-Injector)	B	4	PA; QL
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (Oral Tablet)	B	4	PA; QL
OmvoH (300MG Dose) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
OmvoH (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
OmvoH (200MG/2ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
OmvoH (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Otezla (Oral Tablet Immediate Release)	B	4	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	4	PA; QL
Otezla XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Rhapsido (Oral Tablet)	B	4	PA; QL
Ridaura (Oral Capsule)	B	4	
Rinvoq LQ (Oral Solution)	B	4	PA; QL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Siliq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sotyktu (Oral Tablet)	B	4	PA; QL
Spevigo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Starjemza (Subcutaneous Solution)	B	3	PA; QL
Starjemza (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Steqeyma (Subcutaneous Solution)	B	2	PA; QL
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Taltz (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Taltz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tavneos (Oral Capsule)	B	4	PA; QL
Tezspire (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Tofacitinib Citrate (Oral Solution)	G	1	PA; QL
Tofacitinib Citrate (Oral Tablet)	G	1	PA; QL
Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tremfya-Crohn's Disease/Ulcerative Colitis Induction (Subcutaneous Solution Auto-Injector)	B	4	PA
Tyenne (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Velsipity (Oral Tablet)	B	4	PA; QL
Xeljanz (Oral Solution)	B	4	PA; QL
Xeljanz (Oral Tablet Immediate Release)	B	4	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	4	PA
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA
Yesintek (Subcutaneous Solution)	B	2	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Zilbrysq (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	4	PA
Besremi Pen (Subcutaneous Solution Pen-Injector)	B	4	PA
Besremi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunosuppressants			
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	4	PA; QL
Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	4	PA; QL
Astagraf XL (Oral Capsule Extended Release 24 Hour)	B	3	B/D,PA
Azasan (Oral Tablet)	B	3	B/D,PA
Azathioprine (Oral Tablet)	G	1	B/D,PA
Cellcept (Oral Capsule)	B	4	B/D,PA
Cellcept (Oral Suspension Reconstituted)	B	4	B/D,PA
Cellcept (Oral Tablet)	B	4	B/D,PA
Cimzia (1 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cimzia (Subcutaneous Kit)	B	4	PA; QL
Cimzia-Starter (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (Oral Capsule)	G	1	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enbrel (Subcutaneous Solution)	B	4	PA; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA
Gengraf (Oral Capsule)	G	1	B/D,PA
Imuran (Oral Tablet)	B	3	B/D,PA
Jylamvo (Oral Solution)	B	3	PA
Leflunomide (Oral Tablet)	G	1	
Lupkynis (Oral Capsule)	B	4	PA; QL
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
Myfortic (180MG Oral Tablet Delayed Release)	B	3	B/D,PA
Myfortic (360MG Oral Tablet Delayed Release)	B	4	B/D,PA
Myhibbin (Oral Suspension)	B	4	B/D,PA
Neoral (Oral Capsule)	B	3	B/D,PA
Neoral (Oral Solution)	B	3	B/D,PA
Prograf (0.5MG Oral Capsule, 1MG Oral Capsule)	B	3	B/D,PA
Prograf (5MG Oral Capsule)	B	4	B/D,PA
Prograf (Oral Packet)	B	3	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
Rezurock (Oral Tablet)	B	4	PA; QL
Sandimmune (100MG Oral Capsule)	B	4	B/D,PA
Sandimmune (25MG Oral Capsule)	B	3	B/D,PA
Saphnelo Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Saphnelo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Simponi (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sirolimus (Oral Solution)	G	1	B/D,PA
Sirolimus (Oral Tablet)	G	1	B/D,PA

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tacrolimus (Oral Capsule)	G	1	B/D,PA
Trexall (Oral Tablet)	B	3	
Voyxact (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Xatmep (Oral Solution)	B	3	PA
Zortress (Oral Tablet)	B	4	B/D,PA
Zymfentra (2 Pen) (Subcutaneous Auto-Injector Kit)	B	4	PA
Zymfentra (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	2	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
Adacel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	2	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Heplisav-B (Intramuscular Solution Prefilled Syringe)	B	2	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection Suspension)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Jynneos (Subcutaneous Suspension)	B	2	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
MenQuadfi (Intramuscular Solution)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
MResvia (Intramuscular Suspension Prefilled Syringe)	B	2	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
PedvaxHIB (Intramuscular Suspension)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Penbraya (Intramuscular Suspension Reconstituted)	B	2	QL
Penmenvy (Intramuscular Suspension Reconstituted)	B	2	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	2	QL
Priorix (Subcutaneous Suspension Reconstituted)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Rotarix (Oral Suspension)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	2	QL
Vaqta (Intramuscular Suspension)	B	2	QL
Vaqta (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Varivax (Injection Suspension Reconstituted)	B	2	QL
Vaxchora (Oral Suspension Reconstituted)	B	2	PA; QL
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Vivotif (Oral Capsule Delayed Release)	B	2	QL
YF-VAX (Subcutaneous Suspension Reconstituted)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	B	3	
Azulfidine (Oral Tablet Immediate Release)	B	3	
Balsalazide Disodium (Oral Capsule)	G	1	
Canasa (Rectal Suppository)	B	4	QL
Dipentum (Oral Capsule)	B	4	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lialda (Oral Tablet Delayed Release)	B	3	ST; QL
Mesalamine ER (Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda), Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	1	QL
Mesalamine (Rectal Enema)	G	1	QL
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Anusol-HC (External Cream)	B	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Budesonide (2MG Rectal Foam)	G	1	
Eohilia (Oral Suspension)	B	4	PA; QL
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	B	3	
Proctozone-HC (External Cream)	B	3	
Tarpeyo (Oral Capsule Delayed Release)	B	4	PA; QL
Uceris (Oral Tablet Extended Release 24 Hour)	B	4	ST
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Actonel (Oral Tablet)	B	3	QL
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Atelvia (Oral Tablet Delayed Release)	B	3	QL
Bomyntra (Subcutaneous Solution)	B	4	
Bomyntra (Subcutaneous Solution Prefilled Syringe)	B	4	
Bonsity (Subcutaneous Solution Pen-Injector)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
Conexence (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Fosamax (Oral Tablet)	B	3	QL
Fosamax Plus D (Oral Tablet)	B	3	QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
Osenvelt (Subcutaneous Solution)	B	4	
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Rayaldee (Oral Capsule Extended Release)	B	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	QL
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	QL
Rocaltrol (0.25MCG Oral Capsule, 0.5MCG Oral Capsule)	B	3	B/D,PA
Rocaltrol (1MCG/ML Oral Solution)	B	3	B/D,PA
Stoboclo (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Teriparatide (Subcutaneous Solution Pen-Injector)	G	1	PA; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	2	
Duvyzat (Oral Suspension)	B	4	PA; QL
Gauze (Non-medicated 2X2 Pad)	B	2	
Insulin Syringes, Needles	B	2	
Journavx (Oral Tablet)	B	2	
Rezdiffra (Oral Tablet)	B	4	PA; QL
Vijoice (Oral Packet)	B	4	PA; QL
Vijoice (Oral Tablet Therapy Pack)	B	4	PA; QL
Vykat XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Wegovy (Oral Tablet)	B	2	PA; QL
Wegovy (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Yorvipath (Subcutaneous Solution Pen-Injector)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zepbound KwikPen (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Cequa (Ophthalmic Solution)	B	3	PA; QL
Combigan (Ophthalmic Solution)	B	3	
Cosopt (Ophthalmic Solution)	B	3	
Cosopt PF (Ophthalmic Solution)	B	3	
Cystadrops (Ophthalmic Solution)	B	4	
Cystaran (Ophthalmic Solution)	B	4	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Loteprednol-Tobramycin (Ophthalmic Suspension)	B	1	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (Ophthalmic Suspension)	B	3	
Miebo (Ophthalmic Solution)	B	3	QL
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Restasis MultiDose (Ophthalmic Emulsion)	B	2	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	1	QL
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Tryptyr (Ophthalmic Solution)	B	3	QL
Tyrvaya (Nasal Solution)	B	3	QL
Verkazia (Ophthalmic Emulsion)	B	4	PA; QL
Vevye (Ophthalmic Solution)	B	3	PA; QL
Xiidra (Ophthalmic Solution)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	3	
Ciloxan (Ophthalmic Ointment)	B	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	3	
Neomycin-Bacitracin-Polymyxin (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	3	
Trifluridine (Ophthalmic Solution)	G	1	
Vigamox (Ophthalmic Solution)	B	3	
Xdemvy (Ophthalmic Solution)	B	4	QL
Ophthalmic Anti-inflammatories			
Acular LS (Ophthalmic Solution)	B	3	
Acular (Ophthalmic Solution)	B	3	
Acuvail (Ophthalmic Solution)	B	3	ST
Alrex (Ophthalmic Suspension)	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bromfenac Sodium (Ophthalmic Solution)	G	1	
BromSite (Ophthalmic Solution)	B	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Difluprednate (Ophthalmic Emulsion)	G	1	
Durezol (Ophthalmic Emulsion)	B	3	
Eysuvis (Ophthalmic Suspension)	B	3	PA
Flarex (Ophthalmic Suspension)	B	3	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML Liquifilm (Ophthalmic Suspension)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Gel)	B	3	
Lotemax (Ophthalmic Ointment)	B	3	
Lotemax (Ophthalmic Suspension)	B	3	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Maxidex (Ophthalmic Suspension)	B	3	
Nevanac (Ophthalmic Suspension)	B	3	ST
Pred Forte (Ophthalmic Suspension)	B	3	
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	3	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betimol (Ophthalmic Solution)	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Hemihydrate (Ophthalmic Solution)	G	1	
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	1	
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Azopt (Ophthalmic Suspension)	B	3	
Brimonidine Tartrate (Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (Ophthalmic Solution)	B	3	
Methazolamide (Oral Tablet)	G	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	B	4	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	G	1	
Pilocarpine HCl (1.25% Ophthalmic Solution)	G	1	PA; QL
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Bimatoprost (0.03% Ophthalmic Solution)	G	1	
Iyuzeh (Ophthalmic Solution)	B	3	ST
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	1	
Tafluprost (PF) (Ophthalmic Solution)	G	1	
Travatan Z (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Vyzulta (Ophthalmic Solution)	B	3	
Xalatan (Ophthalmic Solution)	B	3	
Zioptan (Ophthalmic Solution)	B	3	ST
Zolymbus (Ophthalmic Gel)	B	3	ST
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	G	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciprofloxacin-Hydrocortisone (Otic Suspension)	G	1	
Clotic (Otic Solution)	B	4	
DermOtic (Otic Oil)	B	3	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Xtoro (Otic Suspension)	B	3	ST
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Carbinoxamine Maleate ER (Oral Suspension Extended Release)	B	3	ST; HRM
Carbinoxamine Maleate (Oral Solution)	G	1	HRM
Carbinoxamine Maleate (Oral Tablet)	G	1	HRM
Carbzah (Oral Solution)	B	4	HRM
Cetirizine HCl (5MG/5ML Oral Solution)	G	1	
Clarinet (Oral Tablet)	B	3	
Clemastine Fumarate (Oral Syrup)	G	1	HRM
Clemastine Fumarate (Oral Tablet)	G	1	HRM
Clemsza (Oral Tablet)	B	4	HRM
Corphena (Oral Solution)	B	4	HRM
Cyproheptadine HCl (2MG/5ML Oral Syrup)	G	1	PA; HRM
Cyproheptadine HCl (Oral Tablet)	G	1	PA; HRM
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
Dymista (Nasal Suspension)	B	3	
Karbinal ER (Oral Suspension Extended Release)	B	3	ST; HRM
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Olopatadine HCl (Nasal Solution)	G	1	
RyClora (Oral Solution)	B	3	HRM
RyVent (Oral Tablet)	G	1	HRM
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beclomethasone Diprop HFA (Inhalation Aerosol Solution)	B	3	ST; QL
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Fluticasone Propionate HFA (110MCG/ACT Inhalation Aerosol, 220MCG/ACT Inhalation Aerosol)	B	3	ST; QL
Fluticasone Propionate HFA (44MCG/ACT Inhalation Aerosol)	B	1	QL
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
Omnaris (Nasal Suspension)	B	3	ST
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Pulmicort (Inhalation Suspension)	B	3	B/D,PA
Qnasl Childrens (Nasal Aerosol Solution)	B	3	ST
Qnasl (Nasal Aerosol Solution)	B	3	ST
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	2	QL
Xhance (Nasal Exhaler Suspension)	B	3	ST
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	1	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Ipratropium Bromide HFA (Inhalation Aerosol Solution)	G	1	

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
Spiriva HandiHaler (Inhalation Capsule)	B	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (Inhalation Aerosol Solution)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (2MG/5ML Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	B	3	ST
Neffy (Nasal Solution)	B	3	QL
Perforomist (Inhalation Nebulization Solution)	B	3	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST; QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	3	ST
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Cystic Fibrosis Agents			
Alyftrek (Oral Tablet)	B	4	PA; QL
Bethkis (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA
Kalydeco (Oral Packet)	B	4	PA; QL
Kalydeco (Oral Tablet)	B	4	PA; QL
Kitabis Pak (w/ nebulizer) (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Orkambi (Oral Packet)	B	4	PA; QL
Orkambi (Oral Tablet)	B	4	PA; QL
Pulmozyme (Inhalation Solution)	B	4	B/D,PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Symdeko (Oral Tablet Therapy Pack)	B	4	PA; QL
Tobi (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Tobi Podhaler (Inhalation Capsule)	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	4	PA; QL
Trikafta (Oral Granule Therapy Pack)	B	4	PA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA; QL
Ohtuvayre (Inhalation Suspension)	B	4	PA; QL
Roflumilast (Oral Tablet)	G	1	PA; QL
Theo-24 (Oral Capsule Extended Release 24 Hour)	B	3	
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			
Adcirca (Oral Tablet)	B	4	PA; QL
Adempas (Oral Tablet)	B	4	PA
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet Soluble)	G	1	PA; QL
Letairis (Oral Tablet)	B	4	PA; QL
Macitentan (Oral Tablet)	G	1	PA
Opsumit (Oral Tablet)	B	4	PA
Opsynvi (Oral Tablet)	B	4	PA; QL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	3	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	4	PA
Revatio (Oral Tablet)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
Tadliq (Oral Suspension)	B	3	PA; QL
Tracleer (Oral Tablet)	B	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	4	PA; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	4	PA; QL
Tyvaso DPI Titration Kit (Inhalation Powder)	B	4	PA; QL
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 200MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	4	PA
Uptravi Titration (Oral Tablet Therapy Pack)	B	4	PA; QL
Winrevair (Subcutaneous Kit)	B	4	PA; QL
Yutrepia (Inhalation Capsule)	B	4	PA; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Tablet)	B	4	PA; QL
Jascayd (Oral Tablet)	B	4	PA; QL
Nintedanib Esylate (Oral Capsule)	G	1	PA; QL
Ofev (Oral Capsule)	B	4	PA; QL
Pirfenidone (Oral Capsule)	G	1	PA; QL
Pirfenidone (Oral Tablet)	G	1	PA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Advair HFA (Inhalation Aerosol)	B	3	ST; QL
Airsupra (Inhalation Aerosol)	B	2	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Brinsupri (Oral Tablet)	B	4	PA; QL
Clarinox-D 12 Hour (Oral Tablet Extended Release 12 Hour)	B	3	
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Dulera (Inhalation Aerosol)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Fluticasone-Salmeterol (Inhalation Aerosol)	B	3	ST; QL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	3	ST; QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D, PA
Nucala (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Promethazine-Phenylephrine (Oral Syrup)	G	1	PA; HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	QL
Symbicort (Inhalation Aerosol)	B	1	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Amrix (Oral Capsule Extended Release 24 Hour)	B	4	PA; HRM
Carisoprodol (Oral Tablet)	G	1	HRM; QL
Chlorzoxazone (Oral Tablet)	G	1	HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	PA; HRM
Fexmid (Oral Tablet)	B	3	PA; HRM
Metaxalone (400MG Oral Tablet, 800MG Oral Tablet)	G	1	HRM
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	1	HRM
Norgesic Forte (Oral Tablet)	B	4	PA; HRM
Norgesic (Oral Tablet)	B	4	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	PA; HRM

You can find information on what the abbreviations in this table mean on pages 6-7.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orphenadrine-Aspirin-Caffeine (Oral Tablet)	G	1	PA; HRM
Soma (Oral Tablet)	B	3	HRM; QL
Sleep Disorder Agents			
Sleep Promoting Agents			
Ambien CR (Oral Tablet Extended Release)	B	3	HRM; QL
Ambien (Oral Tablet Immediate Release)	B	3	HRM; QL
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	3	QL
Doxepin HCl (Oral Tablet)	G	1	PA; QL
Edluar (Tablet Sublingual)	B	3	HRM; QL
Estazolam (Oral Tablet)	G	1	HRM; QL
Eszopiclone (Oral Tablet)	G	1	HRM; QL
Flurazepam HCl (Oral Capsule)	G	1	HRM; QL
Hetlioz LQ (Oral Suspension)	B	4	PA; QL
Hetlioz (Oral Capsule)	B	4	PA; QL
Lunesta (Oral Tablet)	B	4	HRM; QL
Quviviq (Oral Tablet)	B	3	QL
Ramelteon (Oral Tablet)	G	1	QL
Restoril (15MG Oral Capsule, 30MG Oral Capsule)	B	3	PA; HRM; QL
Restoril (22.5MG Oral Capsule, 7.5MG Oral Capsule)	B	4	PA; HRM; QL
Rozerem (Oral Tablet)	B	3	QL
Silenor (Oral Tablet)	B	3	PA; QL
Tasimelteon (Oral Capsule)	G	1	PA; QL
Temazepam (Oral Capsule)	G	1	PA; HRM; QL
Triazolam (Oral Tablet)	G	1	HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	1	HRM; QL
Zolpidem Tartrate (Oral Capsule)	B	3	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	G	1	HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Lumryz (Oral Packet)	B	4	PA; QL
Lumryz Starter Pack (Oral Therapy Pack)	B	4	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	4	PA; QL
Nuvigil (50MG Oral Tablet)	B	3	PA; QL
Provigil (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sodium Oxybate (Oral Solution)	B	1	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; QL
Xywav (Oral Solution)	B	4	PA; QL

You can find information on what the abbreviations in this table mean on pages 6-7.

Covered drugs with a quantity limit (QL)

This list shows drugs that have a quantity limit. Some drugs come in several strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines. These limits may be in place to ensure your safety.

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor, prescriber or pharmacist. You can also call Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the chart below. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column.

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abilify Asimtufii (720MG/2.4ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (2.4 ml) per 56 days
Abilify Asimtufii (960MG/3.2ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (3.2 ml) per 56 days
Abilify (Oral Tablet)	B	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abirtega (Oral Tablet)	G	Maximum of 4 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Actonel (150MG Oral Tablet)	B	Maximum of 1 tablet per 30 days
Actonel (35MG Oral Tablet)	B	Maximum of 4 tablets per 28 days
Actoplus Met (Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Actos (Oral Tablet)	B	Maximum of 1 tablet per day
Acyclovir (External Cream)	G	Maximum of 1 tube (5 grams) per 30 days
Acyclovir (External Ointment)	G	Maximum of 30 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adacel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	Maximum of 4 pens per 28 days
Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	Maximum of 2 syringes per 28 days
Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	Maximum of 4 syringes per 28 days
Adbry (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Adbry (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (6 ml) per 28 days
Adcirca (Oral Tablet)	B	Maximum of 2 tablets per day
Adderall (20MG Oral Tablet)	B	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
Agamree (Oral Suspension)	B	Maximum of 200 ml (2 bottles) per 26 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Airsupra (Inhalation Aerosol)	B	Maximum of 3 inhalers (32.1 grams) per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 28 days
Akeega (Oral Tablet)	B	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Allzital (Oral Tablet)	B	Maximum of 12 tablets per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	B	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	B	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	B	Maximum of 1 tablet per day
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alvaiz (18MG Oral Tablet, 9MG Oral Tablet)	B	Maximum of 1 tablet per day
Alvaiz (36MG Oral Tablet, 54MG Oral Tablet)	B	Maximum of 2 tablets per day
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Alyftrek (10-50-125MG Oral Tablet)	B	Maximum of 2 tablets per day
Alyftrek (4-20-50MG Oral Tablet)	B	Maximum of 3 tablets per day
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambien CR (Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Ambien (Oral Tablet Immediate Release)	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amitiza (Oral Capsule)	B	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine ER ODT (Oral Tablet Extended Release Dispersible)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Amphetamine-Dextroamphetamine 3-Bead ER (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine 3-Bead ER (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Ampyra (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Andembry (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2.4 ml) per 28 days
Annovera (Vaginal Ring)	B	Maximum of 1 ring per year
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 2 ml per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (Oral Capsule Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Aqneursa (Oral Packet)	B	Maximum of 4 packets per day
Aqvesme (Oral Tablet)	B	Maximum of 56 tablets per 28 days
Arazlo (External Lotion)	B	Maximum of 45 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aricept (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Arynta (Oral Solution)	B	Maximum of 240 ml per 34 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	B	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atelvia (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per 28 days
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	B	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (Oral Solution)	B	Maximum of 25 ml per day
Atoncy (Oral Solution)	B	Maximum of 25 ml per day
Atorvaliq (Oral Suspension)	B	Maximum 4 bottles (600 ML) per 30 days
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Attruby (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Augtyro (160MG Oral Capsule)	B	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	B	Maximum of 8 capsules per day
Austedo (Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Austedo XR (12MG Oral Tablet Extended Release 24 Hour, 18MG Oral Tablet Extended Release 24 Hour, 30MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 42MG Oral Tablet Extended Release 24 Hour, 48MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Austedo XR (24MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 kits (56 tablets) per year
Avalide (Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (Oral Tablet)	B	Maximum of 1 tablet per day
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	Maximum of 66 capsules per 28 days
Avodart (Oral Capsule)	B	Maximum of 1 capsule per day
Avonex Pen (Intramuscular Auto-Injector Kit)	B	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	Maximum of 1 kit per 28 days
Avtozma (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Avtozma (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Azelex (External Cream)	B	Maximum of 50 grams per 30 days
Azilsartan Medoxomil (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Azor (Oral Tablet)	B	Maximum of 1 tablet per day
Azstarys (Oral Capsule)	B	Maximum of 1 capsule per day
Bafiertam (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
Baqsimi One Pack (Nasal Powder)	B	Maximum 4 boxes (4 devices) per 30 days
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Beclomethasone Diprop HFA (Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (17.4 grams) per 30 days
Belbuca (Buccal Film)	B	Maximum of 2 films per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bevespi Aerosphere (Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
BiDil (Oral Tablet)	B	Maximum of 6 tablets per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bimzelx (160MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Bimzelx (320MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (6 ml) per 28 days
Bimzelx (160MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Bimzelx (320MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (6 ml) per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Bonsity (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.24 ml) per 28 days
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosentan (Oral Tablet Soluble)	G	Maximum of 8 tablets per day
Bosulif (100MG Oral Capsule)	B	Maximum of 6 capsules per day
Bosulif (50MG Oral Capsule)	B	Maximum of 11 capsules per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Bosutinib (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Brekiya (Subcutaneous Solution Auto-Injector)	B	Maximum of 24 pens per 28 days
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
Brinsupri (Oral Tablet)	B	Maximum of 1 tablet per day
Brivaracetam (Oral Solution)	G	Maximum of 20 ml per day
Brivaracetam (Oral Tablet)	G	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukinsa (Oral Tablet)	B	Maximum of 2 tablets per day
Brynovin (Oral Solution)	B	Maximum of 4 ml per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day

Drug name	Brand or Generic	Quantity limit
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day
Caduet (Oral Tablet)	B	Maximum of 1 tablet per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle (3.7 ml) per 28 days
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Camzyos (Oral Capsule)	B	Maximum of 1 capsule per day
Canasa (Rectal Suppository)	B	Maximum of 1 suppository per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Celebrex (Oral Capsule)	B	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	B	Maximum of 2 vials per day
Cerdelga (Oral Capsule)	B	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cialis (5MG Oral Tablet)	B	Maximum of 1 tablet per day
Cibinqo (Oral Tablet)	B	Maximum of 1 tablet per day
Ciclopirox (External Gel)	G	Maximum of 100 grams per 30 days
Ciclopirox (External Shampoo)	G	Maximum of 120 ml per 30 days
Ciclopirox (External Solution)	G	Maximum of 6.6 ml per 30 days
Ciclopirox Olamine (External Cream)	G	Maximum of 90 grams per 30 days
Ciclopirox Olamine (External Suspension)	G	Maximum of 60 ml per 30 days
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia (1 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days

Drug name	Brand or Generic	Quantity limit
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Cimzia (Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clenpiq (Oral Solution)	B	Maximum 2 bottles (350 ML) per 30 days
Cleocin-T (External Lotion)	B	Maximum of 60 ml per 30 days
Climara (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindagel (External Gel)	B	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Once-Daily) (External Gel)	G	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate Emollient Base (External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (0.025% External Cream)	B	Maximum of 100 grams per 30 days
Clobetasol Propionate (0.05% External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Gel)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clobetasol Propionate (External Ointment)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Shampoo)	G	Maximum of 236 ml per 30 days
Clobetasol Propionate (External Solution)	G	Maximum of 100 ml per 30 days
Clodan (External Shampoo)	G	Maximum of 236 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day

Drug name	Brand or Generic	Quantity limit
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Cobenfy (Oral Capsule)	B	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (112 capsules) per year
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Generic Mitigare)	G	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Conexence (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 180 days
ConZip (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Copaxone (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per day
Copaxone (40MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (12 ml) per 28 days
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 2 tablets per day
Crenessity (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Crenessity (50MG Oral Capsule)	B	Maximum of 3 capsules per day
Crenessity (Oral Solution)	B	Maximum of 8 ml per day
Crestor (Oral Tablet)	B	Maximum of 1 tablet per day
Crotan (External Lotion)	B	Maximum of 454 grams per 30 days
Cuvrior (Oral Tablet)	B	Maximum of 10 tablets per day
Cycloset (Oral Tablet)	B	Maximum of 6 tablets per day
Dabigatran Etexilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daliresp (250MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daliresp (500MCG Oral Tablet)	B	Maximum of 1 tablet per day
Danziten (Oral Tablet)	B	Maximum of 4 tablets per day
Dapagliflozin (Oral Tablet)	B	Maximum of 1 tablet per day
Dapagliflozin-Saxagliptin (Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (20MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Dawnzera (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (0.8 mL) per 28 days
Daybue (Oral Solution)	B	Maximum of 120 ml per day
Daybue Stix (5000MG Oral Packet, 6000MG Oral Packet)	B	Maximum of 4 packets per day
Daybue Stix (8000MG Oral Packet)	B	Maximum of 2 packets per day
Daytrana (Transdermal Patch)	B	Maximum of 1 patch per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Denavir (External Cream)	B	Maximum of 1 tube (5 grams) per 30 days
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Gel)	G	Maximum of 60 grams per 30 days
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine ER (100MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Desvenlafaxine ER (50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 6 capsules per day
Dexilant (Oral Capsule Delayed Release)	B	Maximum of 1 capsule per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Dextromethorphan-Quinidine (Oral Capsule)	G	Maximum of 2 capsules per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Dichlorphenamide (Oral Tablet)	G	Maximum of 4 tablets per day
Diclofenac Epolamine (External Patch)	B	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Diflorasone Diacetate (External Cream)	G	Maximum of 60 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 60 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dilaudid (Oral Liquid)	B	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	B	Maximum of 6 tablets per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Diovan HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	B	Maximum of 1 tablet per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Doptelet Sprinkle (Oral Capsule Sprinkle)	B	Maximum of 2 capsules per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Duetact (Oral Tablet)	B	Maximum of 1 tablet per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (120MG Oral Capsule Delayed Release Particles, 80MG Oral Capsule Delayed Release Particles, 90MG Oral Capsule Delayed Release Particles)	G	Maximum of 1 capsule per day
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Duvyzat (Oral Suspension)	B	Maximum of 12 ml per day
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day
Dyanavel XR (Oral Tablet Extended Release)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Econazole Nitrate (External Foam)	B	Maximum of 1 canister (70 grams) per 30 days
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Edecrin (Oral Tablet)	B	Maximum of 16 tablets per day
Edluar (Tablet Sublingual)	B	Maximum of 1 tablet per day
Eduvant (Oral Tablet)	B	Maximum of 1 tablet per day
Eduvant PED (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Effient (Oral Tablet)	B	Maximum of 1 tablet per day
Egrifta WR (Subcutaneous Kit)	B	Maximum of 4 vials per 28 days
Ekterly (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Eligard (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Eliquis (1.5MG Pack) (Oral Tablet Soluble)	B	Maximum of 4 packets (12 tablets) per day
Eliquis (2MG Pack) (Oral Tablet Soluble)	B	Maximum of 4 packets (16 tablets) per day
Eliquis (Oral Capsule Sprinkle)	B	Maximum of 2 capsules per day
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis (0.5MG Oral Tablet Soluble)	B	Maximum of 4 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Eltrombopag Olamine (Oral Packet)	G	Maximum of 6 packets per day
Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 1 tablet per day
Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet)	G	Maximum of 2 tablets per day
Elyxyb (Oral Solution)	B	Maximum of 1 bottle (4.8 ml) per day
Emend BiPack (Oral Capsule)	B	Maximum of 4 capsules per 28 days
Emend (Oral Suspension Reconstituted)	B	Maximum of 2 kits per 28 days
Emend TriPack (Oral Capsule Therapy Pack)	B	Maximum of 6 capsules (2 packs) per 28 days

Drug name	Brand or Generic	Quantity limit
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Empaveli (Subcutaneous Solution)	B	Maximum of 8 vials (160 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	Maximum of 1 tablet per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Capsule)	B	Maximum of 1 capsule per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Solution)	G	Maximum 8 bottles (1200 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day

Drug name	Brand or Generic	Quantity limit
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Ensacove (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Ensacove (25MG Oral Capsule)	B	Maximum of 9 capsules per day
Entresto (Oral Capsule Sprinkle)	B	Maximum of 8 capsules per day
Entresto (24-26MG Oral Tablet)	B	Maximum of 6 tablets per day
Entresto (49-51MG Oral Tablet, 97-103MG Oral Tablet)	B	Maximum of 2 tablets per day
Entyvio Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (1.36 ml) per 28 days
Eohilia (Oral Suspension)	B	Maximum of 2 packets (20 ml) per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	B	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Ertaczo (External Cream)	B	Maximum of 60 grams per 30 days
Erzofri (117MG/0.75ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.75 ML) per 28 days
Erzofri (156MG/ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (1 ML) per 20 days
Erzofri (234MG/1.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ML) per 28 days
Erzofri (351MG/2.25ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (2.25 ML) per 28 days

Drug name	Brand or Generic	Quantity limit
Erzofri (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.25 ML) per 28 days
Erzofri (78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ML) per 28 days
Esbriet (267MG Oral Tablet)	B	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet)	G	Maximum of 1 tablet per day
Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet)	G	Maximum of 2 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estazolam (Oral Tablet)	G	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Eucrisa (External Ointment)	B	Maximum of 100 grams per 30 days
Eurax (External Cream)	B	Maximum of 2 tubes (120 grams) per 30 days
Evenity (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.34 ml) per 28 days
Evesse (External Lotion)	G	Maximum of 118 ml per 30 days
Evista (Oral Tablet)	B	Maximum of 1 tablet per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Evrysdi (Oral Solution Reconstituted)	B	Maximum of 8 ml per day
Evrysdi (Oral Tablet)	B	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Exforge HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Exforge (Oral Tablet)	B	Maximum of 1 tablet per day
Exxua (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fabhalta (Oral Capsule)	B	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack A (Oral Tablet)	B	Maximum of 2 packs per year
Fanapt Titration Pack B (Oral Tablet)	B	Maximum of 2 packs per year
Fanapt Titration Pack C (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Filspari (200MG Oral Tablet)	B	Maximum of 1 tablet per day
Filspari (400MG Oral Tablet)	B	Maximum of 2 tablets per day
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Fioricet (Oral Capsule)	B	Maximum of 6 capsules per day
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (36 ml) per 30 days
Firdapse (Oral Tablet)	B	Maximum of 10 tablets per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per year
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Flector (External Patch)	B	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.1% External Cream)	G	Maximum of 120 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (0.5% External Cream)	B	Maximum of 30 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Flurazepam HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone Propionate Diskus (100MCG/ACT Inhalation Aerosol Powder Breath Activated, 50MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers (120 blisters) per 30 days
Fluticasone Propionate Diskus (250MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 4 inhalers (240 blisters) per 30 days
Fluticasone Propionate HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Fluticasone Propionate HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Fluticasone Propionate HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Focalin (Oral Tablet)	B	Maximum of 2 tablets per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.24 ml) per 28 days
Forzinity (Subcutaneous Solution)	B	Maximum of 4 vials (14 ml) per 28 days
Fosamax (Oral Tablet)	B	Maximum of 4 tablets per 28 days
Fosamax Plus D (Oral Tablet)	B	Maximum of 4 tablets per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fruzaqla (1MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	B	Maximum of 21 capsules per 28 days
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
GaviLyte-C (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
GaviLyte-G (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Geodon (Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (0.25MG Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 capsule per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Gleevec (Oral Tablet)	B	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (15MG Oral Tablet, 2.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Gloperba (Oral Solution)	B	Maximum of 10 ml per day
Glucagon Emergency (1MG Injection Solution Reconstituted)	G	Maximum 2 kits per 30 days
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glycerol Phenylbutyrate (Oral Liquid)	G	Maximum of 17.5 ml per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
GoLYTELY (Oral Solution Reconstituted)	B	Maximum 2 bottles (8000 ML) per 30 days
Gomekli (1MG Oral Capsule)	B	Maximum of 126 capsules per 28 days
Gomekli (2MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Gomekli (Oral Tablet Soluble)	B	Maximum of 168 tablets per 28 days
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Granisol (Oral Solution)	B	Maximum of 10 ml per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Gvoke HypoPen 2-Pack (0.5MG/0.1ML Subcutaneous Solution Auto-Injector)	B	Maximum 4 syringes (0.4 ML) per 30 days
Gvoke HypoPen 2-Pack (1MG/0.2ML Subcutaneous Solution Auto-Injector)	B	Maximum 4 syringes (0.8 ML) per 30 days
Gvoke Kit (Subcutaneous Solution)	B	Maximum 2 kits (0.4 ML) per 30 days

Drug name	Brand or Generic	Quantity limit
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	Maximum 2 syringes (0.4 ML) per 30 days
Harliku (Oral Tablet)	B	Maximum of 1 tablet per day
Harvoni (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (1440EL U/ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Hepcludex (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hernexeos (Oral Tablet)	B	Maximum of 6 tablets per day
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	Maximum of 90 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet)	G	Maximum of 8 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	G	Maximum of 118 ml per 30 days
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 2 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Hyrnuo (Oral Tablet)	B	Maximum of 4 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (125MG Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Ibsrela (Oral Tablet)	B	Maximum of 2 tablets per day
Ibtrozi (Oral Capsule)	B	Maximum of 3 capsules per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Idvynso (Oral Tablet)	B	Maximum of 1 tablet per day
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 3 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imitrex (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	Maximum of 12 cartridges (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 30 days
Imkeldi (Oral Solution)	B	Maximum of 10 ml per day

Drug name	Brand or Generic	Quantity limit
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inluriyo (Oral Tablet)	B	Maximum of 3 tablets per day
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inpefa (Oral Tablet)	B	Maximum of 1 tablet per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.75 ML) per 28 days
Invega Sustenna (156MG/ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (1 ML) per 20 days
Invega Sustenna (234MG/1.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ML) per 28 days
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.25 ML) per 28 days
Invega Sustenna (78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ML) per 28 days
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
IPOL (Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Iqirvo (Oral Tablet)	B	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	B	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	B	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
Iwilfin (Oral Tablet)	B	Maximum of 8 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Jakafi XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jascayd (Oral Tablet)	B	Maximum of 2 tablets per day
Javadin (Oral Solution)	B	Maximum of 120 ml per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet Immediate Release, 2.5-500MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Jideytro (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Jideytro (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Joenna (70MG Oral Tablet)	B	Maximum of 2 tablets per day
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Juxtapid (2MG Oral Capsule)	B	Maximum of 112 capsules per 365 days
Jynarque (Oral Tablet)	B	Maximum of 4 tablets per day
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kevzara (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2.28 ml) per 28 days
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.28 ml) per 28 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kitabis Pak (w/ nebulizer) (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
Klisyri (External Ointment)	B	Maximum of 5 packets per 30 days
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	B	Maximum of 10 tablets per day
Komzifti (Oral Capsule)	B	Maximum of 3 capsules per day
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Koselugo (5MG Oral Capsule Sprinkle)	B	Maximum of 20 capsules per day

Drug name	Brand or Generic	Quantity limit
Koselugo (7.5MG Oral Capsule Sprinkle)	B	Maximum of 12 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Lazcluze (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	B	Maximum of 1 tablet per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leqembi IQLIK (500MG Dose) (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens (10 ml) per 28 days
Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (7.2 ml) per 28 days
Leqselvi (Oral Tablet)	B	Maximum of 2 tablets per day
Lerochol (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.2 ml) per 28 days
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Letairis (Oral Tablet)	B	Maximum of 1 tablet per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Levetiracetam ODT (500MG Oral Tablet Disintegrating Soluble)	B	Maximum of 6 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lialda (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per day
Licart (External Patch 24 Hour)	B	Maximum of 1 patch per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Lidocan (External Patch)	B	Maximum of 3 patches per day
Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)	B	Maximum of 18 capsules per 28 days

Drug name	Brand or Generic	Quantity limit
Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)	B	Maximum of 27 capsules per 28 days
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	B	Maximum of 1 tablet per day
Liraglutide (Subcutaneous Solution Pen-Injector)	G	Maximum of 3 pens (9 ml) per 30 days
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Litfulo (Oral Capsule)	B	Maximum of 1 capsule per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Livdelzi (Oral Capsule)	B	Maximum of 1 capsule per day
Livmarli (19MG/ML Oral Solution)	B	Maximum of 2 ml per day
Livmarli (9.5MG/ML Oral Solution)	B	Maximum of 3 ml per day
Livmarli (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 2 tablets per day
Livmarli (30MG Oral Tablet)	B	Maximum of 1 tablet per day
Livtencity (Oral Tablet)	B	Maximum of 12 tablets per day
Lofexidine HCl (Oral Tablet)	G	Maximum of 16 tablets per day
Lokelma (Oral Packet)	B	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Loreev XR (1.5MG Oral Capsule ER 24 Hour Sprinkle, 2MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 5 capsules per day
Loreev XR (1MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 1 capsule per day
Loreev XR (3MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	B	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovaza (Oral Capsule)	B	Maximum of 4 capsules per day
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Injection Solution Prefilled Syringe)	B	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Injection Solution Prefilled Syringe)	B	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Injection Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.2 ml) per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Luliconazole (External Cream)	B	Maximum of 60 grams per 28 days
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (240MG Oral Tablet)	B	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lumryz (Oral Packet)	B	Maximum of 1 packet per day
Lumryz Starter Pack (Oral Therapy Pack)	B	Maximum of 2 packs (56 tablets) per year
Lunesta (Oral Tablet)	B	Maximum of 1 tablet per day
Lupkynis (Oral Capsule)	B	Maximum of 6 capsules per day
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lutrate Depot (Intramuscular Injectable)	B	Maximum of 1 kit per 84 days
Luzu (External Cream)	B	Maximum of 60 grams per 28 days
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lynkuet (Oral Capsule)	B	Maximum of 2 capsules per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	B	Maximum of 4 capsules per day
Lyrica (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 2 capsules per day
Lyrica (Oral Solution)	B	Maximum of 30 ml per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Meloxicam (Oral Suspension)	B	Maximum of 10 ml per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Memantine HCl-Donepezil HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Menostar (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Meperidine HCl (Oral Solution)	G	Maximum of 90 ml per day
Meperidine HCl (Oral Tablet)	G	Maximum of 18 tablets per day
Mepron (Oral Suspension)	B	Maximum of 14 ml per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine ER (250MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 16 capsules per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metadate CD (Oral Capsule Extended Release)	B	Maximum of 1 capsule per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day
Methylin (10MG/5ML Oral Solution)	B	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Methylphenidate ER (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Relexxii)	B	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Methylphenidate (Transdermal Patch)	G	Maximum of 1 patch per day

Drug name	Brand or Generic	Quantity limit
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Miebo (Ophthalmic Solution)	B	Maximum of 12 ml (4 bottles) per 30 days
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Minivelle (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Miplyffa (Oral Capsule)	B	Maximum of 3 capsules per day
Mitigare (Oral Capsule)	B	Maximum of 4 capsules per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Modeyso (Oral Capsule)	B	Maximum of 20 capsules per 28 days
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mounjaro (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MoviPrep (Oral Solution Reconstituted)	B	Maximum 1 box per 30 days
MResia (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
MS Contin (15MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	Maximum of 4 tablets per day
Multaq (Oral Tablet)	B	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Mycapssa (Oral Capsule Delayed Release)	B	Maximum of 112 capsules per 28 days
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Myfembree (Oral Tablet)	B	Maximum of 1 tablet per day
Myqorzo (Oral Tablet)	B	Maximum of 1 tablet per day
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	Maximum 2 bottles (354 ML) per 30 days

Drug name	Brand or Generic	Quantity limit
Nalocet (Oral Tablet)	B	Maximum of 13 tablets per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naproxen (Oral Suspension)	G	Maximum of 60 ml per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 spray devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nebupent (Inhalation Solution Reconstituted)	B	Maximum of 1 vial (300 mg) per 28 days
Neffy (Nasal Solution)	B	Maximum of 4 devices (2 boxes) per 30 days
Nemluvio (Subcutaneous Auto-Injector)	B	Maximum of 2 pens (0.98 ml) per 28 days
Nereus (Oral Capsule)	B	Maximum of 2 capsules per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	B	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nilotinib HCl (150MG Oral Capsule)	G	Maximum of 5 capsules per day
Nilotinib HCl (200MG Oral Capsule)	G	Maximum of 4 capsules per day
Nilotinib HCl (50MG Oral Capsule)	G	Maximum of 14 capsules per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nintedanib Esylate (Oral Capsule)	G	Maximum of 2 capsules per day
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Northera (200MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 6 capsules per day
Norvir (Oral Tablet)	B	Maximum of 12 tablets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Packet)	B	Maximum of 2 packets per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	B	Maximum of 6 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	B	Maximum of 30 tablets per 14 days
Nyamyc (100000UNIT/GM External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	B	Maximum of 2 tablets per day
Ohtuvayre (Inhalation Suspension)	B	Maximum of 2 ampules (5 ml) per day
Ojemda (Oral Suspension Reconstituted)	B	Maximum of 96 ml per 28 days
Ojemda (Oral Tablet)	B	Maximum of 24 tablets per 28 days
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olpruva (2GM Dose) (Oral Therapy Pack)	B	Maximum of 6 envelopes (12 packets) per day
Olpruva (3GM Dose) (Oral Therapy Pack)	B	Maximum of 6 envelopes (12 packets) per day
Olpruva (4GM Dose) (Oral Therapy Pack)	B	Maximum of 5 envelopes (15 packets) per day
Olpruva (5GM Dose) (Oral Therapy Pack)	B	Maximum of 4 envelopes (12 packets) per day
Olpruva (6GM Dose) (Oral Therapy Pack)	B	Maximum of 3 envelopes (9 packets) per day
Olpruva (6.67GM Dose) (Oral Therapy Pack)	B	Maximum of 3 envelopes (9 packets) per day
Olumiant (Oral Tablet)	B	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
OmvoH (300MG Dose) (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (3 ml) per 28 days
OmvoH (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (3 ml) per 28 days
OmvoH (200MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (2 ml) per 28 days
OmvoH (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (2 ml) per 28 days
Onapgo (Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (20 ml) per day
Ondansetron HCl (4MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onfi (Oral Suspension)	B	Maximum of 16 ml per day
Onfi (Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Onyda XR (Oral Suspension Extended Release)	B	Maximum of 4 ml per day
Onzetra Xsail (Nasal Exhaler Powder)	B	Maximum of 1 kit (16 exhalers) per 30 days
Opienza (10MG Oral Film, 5MG Oral Film)	B	Maximum of 3 films per day
Opienza (2MG Oral Film)	B	Maximum of 1 film per day
Opsynvi (Oral Tablet)	B	Maximum of 1 tablet per day
Opzelura (External Cream)	B	Maximum of 4 tubes (240 grams) per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days
Orilissa (150MG Oral Tablet)	B	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orladeyo (Oral Capsule)	B	Maximum of 1 capsule per day
Ormalvi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Otezla (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Otezla XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone HCl (10MG Oral Tablet Immediate Release Abuse-Deterrent, 5MG Oral Tablet Immediate Release Abuse-Deterrent)	B	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release Abuse-Deterrent)	B	Maximum of 8 tablets per day
Oxycodone HCl (30MG Oral Tablet Immediate Release Abuse-Deterrent)	B	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	B	Maximum of 13 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (Oral Tablet)	B	Maximum of 1 tablet per day
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Palsonify (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Palsonify (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes (28 ml) per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 16 syringes (8 ml) per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 84 syringes (84 ml) per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 6 tablets per day and 30 tablets per prescription
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 11 tablets per 5 days and 11 tablets per prescription
Pazopanib HCl (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
PedvaxHIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	Maximum 2 bottles (8000 ML) per 30 days

Drug name	Brand or Generic	Quantity limit
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	Maximum 2 bottles (8000 ML) per 30 days
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	Maximum 1 box per 30 days
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Penbraya (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Penciclovir (External Cream)	G	Maximum of 1 tube (5 grams) per 30 days
Penmenvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	G	Maximum of 12 tablets per day
Perampanel (Oral Suspension)	G	Maximum of 24 ml per day
Perampanel (Oral Tablet)	G	Maximum of 1 tablet per day
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	B	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Phyrago (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	B	Maximum of 1 tablet per day
Phyrago (20MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Phyrago (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pilocarpine HCl (1.25% Ophthalmic Solution)	G	Maximum of 3 bottles (7.5 ml) per 28 days
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Plaquenil (Oral Tablet)	B	Maximum of 4 tablets per day
Plavix (Oral Tablet)	B	Maximum of 1 tablet per day
Plegridy (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 pens (1 ml) per 28 days
Pomalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Ponvory (Oral Tablet)	B	Maximum of 1 tablet per day
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Pradaxa (110MG Oral Packet, 30MG Oral Packet, 40MG Oral Packet, 50MG Oral Packet)	B	Maximum of 4 packets per day
Pradaxa (150MG Oral Packet, 20MG Oral Packet)	B	Maximum of 2 packets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevacid (Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Prevymis (Oral Packet)	B	Maximum of 4 packs per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pristiq (100MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Pristiq (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Procardia XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Prolate (Oral Solution)	B	Maximum of 65 ml per day
Prolate (Oral Tablet)	B	Maximum of 13 tablets per day
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	B	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	B	Maximum of 2 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Protonix (20MG Oral Tablet Delayed Release)	B	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Prucalopride Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Prudoxin (External Cream)	B	Maximum of 90 grams per 30 days
Pruradik (External Lotion)	B	Maximum of 454 grams per 30 days
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days

Drug name	Brand or Generic	Quantity limit
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 2 tablets per day
Pyrukynd (50MG Oral Tablet)	B	Maximum of 4 tablets per day
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 14 tablets per 14 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 14 tablets per 14 days
Qbrelis (Oral Solution)	B	Maximum of 80 ml per day
Qelbree (100MG Oral Capsule Extended Release 24 Hour, 150MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Qelbree (200MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (200MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day
Quillivant XR (Oral Suspension Reconstituted)	B	Maximum of 12 ml per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Quviviq (Oral Tablet)	B	Maximum of 1 tablet per day
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Radicava ORS Starter Kit (Oral Suspension)	B	Maximum of 70 ml per 28 days
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 packs per year
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Recorlev (Oral Tablet)	B	Maximum of 8 tablets per day
Redemplo (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 84 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Relexxii (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Relexxii (45MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Relpax (Oral Tablet)	B	Maximum of 12 tablets per 30 days

Drug name	Brand or Generic	Quantity limit
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha (140MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Restoril (Oral Capsule)	B	Maximum of 1 capsule per day
Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Retevmo (40MG Oral Tablet)	B	Maximum of 3 tablets per day
Retrovir (Oral Capsule)	B	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	B	Maximum of 64 ml per day
Revatio (Oral Tablet)	B	Maximum of 3 tablets per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Revuforj (110MG Oral Tablet)	B	Maximum of 4 tablets per day
Revuforj (160MG Oral Tablet)	B	Maximum of 2 tablets per day
Revuforj (25MG Oral Tablet)	B	Maximum of 8 tablets per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezdiffra (Oral Tablet)	B	Maximum of 1 tablet per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rezurock (Oral Tablet)	B	Maximum of 2 tablets per day
Rhapsido (Oral Tablet)	B	Maximum of 2 tablets per day
Rilpivirine HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Rinvoq LQ (Oral Solution)	B	Maximum of 12 ml per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	G	Maximum of 4 tablets per 28 days
Ritalin (Oral Tablet)	B	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivaroxaban (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day

Drug name	Brand or Generic	Quantity limit
Rivaroxaban (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rivfloza (Subcutaneous Solution)	B	Maximum of 2 vials (1 ml) per 28 days
Rivfloza (128MG/0.8ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.8 ml) per 28 days
Rivfloza (160MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Romvimza (Oral Capsule)	B	Maximum of 8 capsules per 28 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rowasa (Rectal Kit)	B	Maximum of 4 kits (28 bottles) per 28 days
Roxicodone (15MG Oral Tablet)	B	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	B	Maximum of 6 tablets per day
RoxyBond (10MG Oral Tablet Abuse-Deterrent, 5MG Oral Tablet Abuse-Deterrent)	B	Maximum of 12 tablets per day
RoxyBond (15MG Oral Tablet Abuse-Deterrent)	B	Maximum of 8 tablets per day
RoxyBond (30MG Oral Tablet Abuse-Deterrent)	B	Maximum of 6 tablets per day
Rozerem (Oral Tablet)	B	Maximum of 1 tablet per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	B	Maximum of 12 packs per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sabril (Oral Packet)	B	Maximum of 6 packets per day
Sabril (Oral Tablet)	B	Maximum of 6 tablets per day
Sacubitril-Valsartan (24-26MG Oral Tablet)	G	Maximum of 6 tablets per day
Sacubitril-Valsartan (49-51MG Oral Tablet, 97-103MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Sajazir (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (36 ml) per 30 days
Samsca (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Samsca (30MG Oral Tablet)	B	Maximum of 2 tablets per day
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Santyl (External Ointment)	B	Maximum of 180 grams per 30 days
Saphnelo Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.2 ml) per 28 days
Saphnelo (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.2 ml) per 28 days
Saphris (Tablet Sublingual)	B	Maximum of 2 tablets per day
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Saxagliptin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Saxagliptin-Metformin ER (2.5-1000MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Saxagliptin-Metformin ER (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Scemblix (100MG Oral Tablet)	B	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 8 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (300MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Seroquel (200MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet)	B	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Shingrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (Oral Suspension Reconstituted)	G	Maximum of 6 ml per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silenor (Oral Tablet)	B	Maximum of 1 tablet per day
Siliq (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Singulair (Oral Tablet)	B	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	B	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl ER (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl ER (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Sitagliptin Base-Metformin HCl (50-1000MG Oral Tablet Immediate Release, 50-500MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Sitagliptin Base-Metformin HCl ER (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Sitagliptin Base-Metformin HCl ER (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Sitagliptin (Oral Tablet)	B	Maximum of 1 tablet per day
Sitagliptin Phosphate (Oral Tablet)	G	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days

Drug name	Brand or Generic	Quantity limit
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (150MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Skyrizi (55MG/0.37ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.37 ml) per 28 days
Sodium Oxybate (Oral Solution)	B	Maximum of 18 ml per day
Sofdra (External Gel)	B	Maximum of 1 bottle (40.2 ml) per 30 days
Sofosbuvir-Velpatasvir (Oral Tablet)	B	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 24 days
Soma (Oral Tablet)	B	Maximum of 4 tablets per day
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Soolantra (External Cream)	B	Maximum of 45 grams per 30 days
Sotyktu (Oral Tablet)	B	Maximum of 1 tablet per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spevigo (150MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Spevigo (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (4 ml) per 28 days
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Spritam ODT (250MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Spritam ODT (500MG Oral Tablet Disintegrating Soluble)	B	Maximum of 6 tablets per day
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	B	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Starjemza (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Starjemza (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Starjemza (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Steglatro (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	B	Maximum of 1 tablet per day
Steqeyma (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stiolto Respimat (60 Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stoboclo (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 180 days
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Suflave (Oral Solution Reconstituted)	B	Maximum 2 bottles per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 vials (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 pens (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (Oral Tablet)	B	Maximum of 24 tablets per 168 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Sunosi (Oral Tablet)	B	Maximum of 1 tablet per day
Suprep Bowel Prep Kit (Oral Solution)	B	Maximum 2 bottles (354 ML) per 30 days
Sutab (Oral Tablet)	B	Maximum 24 tablets per 30 days

Drug name	Brand or Generic	Quantity limit
Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Sutent (37.5MG Oral Capsule)	B	Maximum of 2 capsules per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symbravo (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symproic (Oral Tablet)	B	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Syprine (Oral Capsule)	B	Maximum of 8 capsules per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tadliq (Oral Suspension)	B	Maximum of 10 ml per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Taltz (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Taltz (20MG/0.25ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (0.5 ml) per 28 days
Taltz (40MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1 ml) per 28 days
Taltz (80MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tamiflu (Oral Capsule)	B	Maximum of 2 capsules per day
Tamiflu (Oral Suspension Reconstituted)	B	Maximum of 26 ml per day
Tapentadol HCl ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Tapentadol HCl (Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tarpeyo (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Tascenso ODT (Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tasmar (Oral Tablet)	B	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets per day
Tavneos (Oral Capsule)	B	Maximum of 6 capsules per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazarotene (External Foam)	B	Maximum of 100 grams per 30 days
Tazarotene (External Gel)	G	Maximum of 100 grams per 30 days
Tazorac (External Cream)	B	Maximum of 60 grams per 30 days
Tazorac (External Gel)	B	Maximum of 100 grams per 30 days
Tecfidera (120MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (240MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	B	Maximum of 2 packs (120 capsules) per year
Tekturna (Oral Tablet)	B	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Tencon (Oral Tablet)	B	Maximum of 6 tablets per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (Subcutaneous Solution Pen-Injector)	G	Maximum of 1 pen (2.24 ml) per 28 days
Testosterone (Transdermal Solution)	G	Maximum of 2 bottles (180 ml) per 30 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Tezspire (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (1.91 ml) per 28 days
Thalomid (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Thalomid (50MG Oral Capsule)	B	Maximum of 3 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticagrelor (Oral Tablet)	G	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tikosyn (125MCG Oral Capsule)	B	Maximum of 6 capsules per day
Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)	B	Maximum of 2 capsules per day
Tivicay (Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Tobi (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
Tobi Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tofacitinib Citrate (Oral Solution)	G	Maximum of 10 ml per day
Tofacitinib Citrate (Oral Tablet)	G	Maximum of 2 tablets per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tolsura (Oral Capsule)	B	Maximum of 4 capsules per day
Tolvaptan (15MG Oral Tablet) (Generic Samsca)	G	Maximum of 1 tablet per day
Tolvaptan (30MG Oral Tablet) (Generic Samsca)	G	Maximum of 2 tablets per day
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque)	G	Maximum of 4 tablets per day
Tolvaptan (Oral Tablet Therapy Pack) (Generic Jynarque)	G	Maximum of 2 tablets per day
Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	G	Maximum of 3 capsules per day
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle)	G	Maximum of 2 capsules per day
Topiramate ER (100MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Topiramate ER (200MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Tosymra (Nasal Solution)	B	Maximum of 12 devices per 30 days
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	B	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (2 ml) per 28 days
Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (2 ml) per 28 days
Treximet (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Tribenzor (Oral Tablet)	B	Maximum of 1 tablet per day
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
Trilitas (External Gel)	G	Maximum of 100 grams per 30 days
Trimethobenzamide HCl (Oral Capsule)	G	Maximum of 4 capsules per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Trokendi XR (200MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Trudhesa (Nasal Aerosol Solution)	B	Maximum of 12 vials (12 ml) per 28 days
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truqap (200MG Oral Tablet)	B	Maximum of 64 tablets per 28 days
Truqap (160MG Oral Tablet Therapy Pack)	B	Maximum of 4 packs (64 tablets) per 28 days
Truvada (Oral Tablet)	B	Maximum of 1 tablet per day
Tryngolza (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (0.8 ml) per 28 days
Tryptyr (Ophthalmic Solution)	B	Maximum of 60 vials per 30 days
Tryvio (Oral Tablet)	B	Maximum of 1 tablet per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day

Drug name	Brand or Generic	Quantity limit
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tyenne (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.56 ml) per 30 days
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days
Tyvaso DPI Maintenance Kit (112 x 32MCG & 112 x 64MCG Inhalation Powder, 112 x 48MCG & 112 x 64MCG Inhalation Powder, 112 x 48MCG & 112 x 80MCG Inhalation Powder)	B	Maximum of 1 kit (224 cartridges) per 28 days
Tyvaso DPI Maintenance Kit (16MCG Inhalation Powder, 32MCG Inhalation Powder, 48MCG Inhalation Powder, 64MCG Inhalation Powder, 80MCG Inhalation Powder)	B	Maximum of 1 kit (112 cartridges) per 28 days
Tyvaso DPI Titration Kit (Inhalation Powder)	B	Maximum of 2 kits (504 cartridges) per year
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Uptravi Titration (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (400 tablets) per year
Vabrinty (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Vabrinty (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Vabrinty (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Vabrinty (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Vagifem (Vaginal Tablet)	B	Maximum of 18 tablets per 28 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valcyte (Oral Solution Reconstituted)	B	Maximum of 36 ml per day
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valium (Oral Tablet)	B	Maximum of 4 tablets per day
Valsartan (Oral Solution)	G	Maximum of 80 ml per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtrex (1GM Oral Tablet)	B	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Vancocin (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	B	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
Vanrafia (Oral Tablet)	B	Maximum of 1 tablet per day
Vaqta (25UNIT/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Vaqta (50UNIT/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Vaqta (25UNIT/0.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Vaqta (50UNIT/ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Varivax (Injection Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Vaseretic (Oral Tablet)	B	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	B	Maximum of 2 tablets per day
Vaxchora (Oral Suspension Reconstituted)	B	1 vaccination dose (100 ml) per day
Velsipity (Oral Tablet)	B	Maximum of 1 tablet per day
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	B	Maximum of 1 packet per day
Veltassa (1GM Oral Packet)	B	Maximum of 4 packets per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Veozah (Oral Tablet)	B	Maximum of 1 tablet per day
Verkazia (Ophthalmic Emulsion)	B	Maximum of 4 vials per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Vevye (Ophthalmic Solution)	B	Maximum of 4 bottles (8 ml) per 30 days
Vfend (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	B	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	B	Maximum of 6 tablets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Vijoice (Oral Packet)	B	Maximum of 1 packet per day
Vijoice (125MG Oral Tablet Therapy Pack, 50MG Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Vijoice (200MG & 50MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.8 ml) per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Vivotif (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per 5 years
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voquezna (10MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Voquezna (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	B	Maximum of 1 tablet per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Voxzogo (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Voydeya (Oral Tablet)	B	Maximum of 6 tablets per day
Voydeya (Oral Tablet Therapy Pack)	B	Maximum of 6 tablets per day
Voyxact (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (2 ml) per 28 days
Vraylar (Oral Capsule)	B	Maximum of 1 capsule per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vykat XR (150MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Vykat XR (25MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 13 tablets per day
Vykat XR (75MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 7 tablets per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyscoxa (Oral Suspension)	B	Maximum of 40 ml per day
Vytorin (Oral Tablet)	B	Maximum of 1 tablet per day
Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (20 ml) per 28 days
Wainua (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (0.8 ml) per 28 days
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Wayrilz (Oral Tablet)	B	Maximum of 2 tablets per day
Wegovy (Oral Tablet)	B	Maximum of 1 tablet per day
Wegovy (0.25MG/0.5ML Subcutaneous Solution Auto-Injector, 0.5MG/0.5ML Subcutaneous Solution Auto-Injector, 1MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Wegovy (1.7MG/0.75ML Subcutaneous Solution Auto-Injector, 2.4MG/0.75ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3 ml) per 28 days
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)	B	Maximum of 1 kit (2 vials) per 21 days

Drug name	Brand or Generic	Quantity limit
Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)	B	Maximum of 1 kit (1 vial) per 21 days
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	B	Maximum of 5 tablets per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xdemvy (Ophthalmic Solution)	B	Maximum of 1 bottle (10 ml) per 42 days
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xelstrym (Transdermal Patch)	B	Maximum of 1 patch per day
Xenazine (12.5MG Oral Tablet)	B	Maximum of 3 tablets per day
Xenazine (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Xerese (External Cream)	B	Maximum of 1 tube (5 grams) per 30 days
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xocova (Oral Tablet)	B	Maximum of 1 pack (7 tablets) per 5 days
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xolremdi (Oral Capsule)	B	Maximum of 4 capsules per day
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (10MG Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Once Weekly) (80MG Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
Xywav (Oral Solution)	B	Maximum of 18 ml per day
Yesintek (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
YF-VAX (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Yonsa (Oral Tablet)	B	Maximum of 4 tablets per day
Yorvipath (168MCG/0.56ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (1.12 ml) per 28 days
Yorvipath (294MCG/0.98ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (1.96 ml) per 28 days
Yorvipath (420MCG/1.4ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2.8 ml) per 28 days
Yupelri (Inhalation Nebulization Solution)	B	Maximum of 1 vial (3 ml) per day
Yutrepia (106MCG Inhalation Capsule)	B	Maximum of 8 capsules per day
Yutrepia (26.5MCG Inhalation Capsule, 53MCG Inhalation Capsule)	B	Maximum of 5 capsules per day
Yutrepia (79.5MCG Inhalation Capsule)	B	Maximum of 10 capsules per day
Yuvaferm (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Yuviwel (1.3MG Subcutaneous Solution Reconstituted, 2.8MG Subcutaneous Solution Reconstituted)	B	Maximum of 4 vials per 28 days
Yuviwel (5.5MG Subcutaneous Solution Reconstituted)	B	Maximum of 8 vials per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zavzpret (Nasal Solution)	B	Maximum of 8 devices per 30 days
Zejula (Oral Tablet)	B	Maximum of 1 tablet per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	Maximum of 16 pens (8 ml) per 30 days
Zenbexus (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	B	Maximum of 2 tablets per day
Zepbound KwikPen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs per year
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	Maximum of 2 kits per year
Zestoretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Zestoretic (20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Zestril (Oral Tablet)	B	Maximum of 2 tablets per day
Zetia (Oral Tablet)	B	Maximum of 1 tablet per day
Ziagen (Oral Solution)	B	Maximum of 32 ml per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zituvimet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Zituvimet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Zituvimet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Zituvio (Oral Tablet)	B	Maximum of 1 tablet per day
Zocor (Oral Tablet)	B	Maximum of 1 tablet per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolmitriptan (5MG Nasal Solution)	G	Maximum of 12 devices per 30 days
Zolmitriptan (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Capsule)	B	Maximum of 1 capsule per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Sublingual)	G	Maximum of 1 tablet per day
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	B	Maximum of 90 grams per 30 days
Zovirax (External Cream)	B	Maximum of 1 tube (5 grams) per 30 days
Zovirax (External Ointment)	B	Maximum of 1 tube (30 grams) per 30 days
ZTlido (External Patch)	B	Maximum of 3 patches per day
Zunveyl (Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Zurzuva (20MG Oral Capsule, 25MG Oral Capsule)	B	Maximum of 28 capsules per 14 days
Zurzuva (30MG Oral Capsule)	B	Maximum of 14 capsules per 14 days
Zybic (Oral Suspension)	B	Maximum of 10 ml per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day
Zypitamag (Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa Zydys (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	Maximum of 2 tablets per day
Zyprexa Zydys (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Zytiga (250MG Oral Tablet)	B	Maximum of 4 tablets per day
Zytiga (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Zyvox (100MG/5ML Oral Suspension Reconstituted)	B	Maximum of 60 ml per day

Required information

Benefits, Drug List (Formulary), pharmacy network and/or copays/coinsurance may change from time to time during each plan year. You will receive notice when necessary.

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